



CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION
121 N. LaSalle St., Room 805
Chicago, IL 60602
Tel. 312-744-2211
www.chicago.gov/laborstandards

OFFICE USE
Date Received: _____
Processed By: _____
CSR#: _____

OFFICE OF LABOR STANDARDS COMPLAINT FORM

INSTRUCTIONS

- Complete, sign and date this form to the fullest extent possible
- If you are unable to complete this form, please call (312) 744-2211 or email bacplaborstandards@cityofchicago.org for assistance
- Upon receipt of the form, the Office of Labor Standards will call upon you for an intake interview to gather further information

COMPLAINT INFORMATION

In what language do you prefer to communicate with us? _____

Business Name: _____

Type of Business: _____

Business Address: _____
Street City State Zip Code

Business Phone Number: _____

What is your complaint about? (check all that apply)

- ☐ [Wage Theft](#) ☐ [Fair Workweek \(scheduling\)](#)
- ☐ [Minimum Wage](#) ☐ [Domestic Worker Contract](#)
- ☐ [Anti-Retaliation – related to wages, paid leave or paid sick leave, scheduling, or domestic worker contracts](#)
- ☐ [Paid Leave or Paid Sick Leave](#)

Describe your complaint.

PLEASE CONTINUE TO NEXT PAGE
(NEXT PAGE MUST BE COMPLETED AND SIGNED)

COMPLAINT INFORMATION

First Name: _____ Last Name: _____

Your Phone Number: _____

Your E-Mail Address: _____

What is your job? _____

Are you an independent contractor? _____

How many people work alongside you for your employer? _____

Are you a member of a union? _____

Additional questions for Fair Workweek (scheduling) complaints.

Do you perform most of your work in building services, hotels, healthcare, manufacturing, warehouse services, retail, or restaurants?

☐ Yes☐ No

How much do you earn per hour (or in salary)? _____

You may designate an alternate contact in the event that we are unable to reach you.

Alternate Contact Name: _____

Your relationship to the alternate contact: _____

Alternate Contact Phone Number: _____

Alternate Contact E-Mail Address: _____

READ THE FOLLOWING BEFORE SIGNING:

The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights, I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

Your electronic signature is the same as a handwritten signature for the purposes of legal effect, enforceability, and admissibility.

Signature_____
Date**PLEASE SUBMIT BY MAIL, E-MAIL, OR FAX:**Mail to: Department of Business Affairs and Consumer Protection (BACP)Attn: Office of Labor Standards
2350 W. Ogden Avenue, 2nd Floor
Chicago, IL 60608**or**Email: BACPlaborstandards@cityofchicago.org**or**Fax: 312.743.1841*Note: If you are faxing this form, please include a fax cover sheet*