CHILD LABOR VIOLATION
COMPLAINT FORM

Instructions:
- Send any pertinent back-up documentation. **DO NOT SEND ORIGINALS. Your documents will NOT be returned to you.**
- Please retain a copy for your records.
- Please do **NOT** include financial information, credit or debit card numbers, your complete social security number, etc., or other sensitive information. We will contact you if we need any of this information.

Complainant Information:

Complainant first name: ____________________________  Last name: ____________________________

Complainant street address: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________________________

Phone number: ____________________________  Email address (optional): ____________________________

What is your relationship to the minor?

Do you speak English?  ❏ Yes  ❏ No  What language would you prefer we use when contacting you?

Minor Information:

Minor's first name: ____________________________  Last name: ____________________________

Minor's street address: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________________________

Minors Age: __________  Hours/Days minor is working: ____________________________

Dates of Work: ____________________________

Type of work minor is performing: ____________________________

Does the minor have a work permit?  ❏ Yes  ❏ No

Is the minor currently working for the employer?  ❏ Yes  ❏ No
Employer Information:

Company name: ____________________________

Company street address: ____________________

City: ___________________ State: __________ Zip: ________

Company phone number: ____________________

Owner's name (optional): ____________________

Manager's name (optional): ____________________

Type of company (optional): ____________________

General Information:

Type of violation: (Please select at least one):

☐ Time violation ☐ Hours Violation ☐ Other

☐ Prohibited occupation ☐ Work Permit Violation

If other, please elaborate (optional): __________________________

Number of minors working in violation of the law: ______

Please provide detailed information about the violation: (Use separate sheet if necessary.)

________________________________________________________________________

________________________________________________________________________

Important Information:

I. Disclosure of Your Complaint.

Public Record. Under most circumstances, your complaint, along with any documents submitted with your complaint, will be considered public record and available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.

Disclosure to the Employer. In order to resolve your complaint, we may release any and all information regarding this complaint, including the form itself, to the employer you are filing a complaint about. However, we will not disclose your contact information.

Disclosure to Other Entities. Your complaint and any related information may be disclosed in its entirety to other law enforcement and regulatory agencies.

II. Consulting With a Private Attorney.

The Attorney General's Office cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

Do you believe the work is placing the minor in immediate danger ☐ Yes ☐ No

Please elaborate (optional): ____________________________________________

I HEREBY CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE.

Signature: __________________________________________ Date: ________________

(Original Signature required, no photocopied signature accepted)