# Complaint/Apparent Violation Form

<table>
<thead>
<tr>
<th>Part I. Contact Information</th>
<th>Respondent's Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of Complainant/(Last, First, Middle Initial)</td>
<td>4. Name of Person, Company, or Agency the Complaint is Made Against</td>
</tr>
<tr>
<td>2a. Permanent Address (No., St., City, State, ZIP Code)</td>
<td>5. Name of Employer (if different from Part I #4 above) /One-Stop Office</td>
</tr>
<tr>
<td>2b. Temporary Address (if Appropriate)</td>
<td>6. Address of Employer/One-Stop Office</td>
</tr>
<tr>
<td>3. Permanent Telephone</td>
<td>b. Temporary Telephone</td>
</tr>
<tr>
<td>( ) -</td>
<td>( ) -</td>
</tr>
<tr>
<td>7. Telephone Number of Employer/One-Stop Office</td>
<td></td>
</tr>
</tbody>
</table>

8a. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)

8b. I hereby give authorization to: _____________________ to act on my behalf regarding this complaint.  
Phone #: ___________________ Address:  _________________________________________

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant  
10. Date Signed / /
### Part II. For Official Use Only

1. **Migrant or Seasonal Farmworker?**
   - Yes ☐
   - No ☐

2. **Complaint or Apparent Violation Employment Service Related (“X” Appropriate Box(es))**
   - Complaint against the Employer ☐
   - Apparent violation involving the Employer ☐
   - Complaint against the Local Employment Service Office ☐
   - Apparent violation involving the Employment Service Office ☐

2a. **Job Order No., if available:**

3. **Complaint or Apparent Violation Employment-Related Law:**
   - Yes ☐
   - No ☐

4. **Issue(s) involved in Complaint or Apparent Violation (“X” Appropriate Box(es)):**
   - Wage Related ☐
   - Housing ☐
   - Child Labor ☐
   - Pesticides ☐
   - Health/Safety ☐
   - Discrimination ☐
   - Transportation ☐
   - Trafficking ☐
   - Sexual harassment/coercion/assault ☐
   - Other (Specify) ________________

5. **If employer is an H-2A/Criteria Employer, is the complainant a:**
   - U.S. Worker ☐
   - H-2A Worker ☐

6a. **Referrals To Other Agencies (“X” Appropriate Box(es))**
   - WHD. U.S. DOL. ☐
   - OSHA U.S. D.O.L. ☐
   - EEOC ☐
   - Other ☐

6b. **Next Follow-up Date if complainant is an MSFW**

   ____ /____ /____

7. **Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)**

8. **Actions Taken on Complaint/Apparent Violation (If additional space is needed for multiple actions taken, use a separate paper):**

   **Action Taken By:** ________________________________________________
   **On:** __________________
   **(First and Last Name) (Date)**

   **Action Taken:** __________________________

9. **Complaint resolved at the local level**
   - Yes ☐
   - No ☐ If “No,” explain* __________________________

10. **Apparent violations resolved at the local level**
    - Yes ☐
    - No, If “No,” explain* __________________________

11. **Provided other American Job Center Services**
    - Yes ☐
    - No ☐ If “No,” explain* __________________________

   *If additional space is needed for explanations, use a separate paper.

12a. **Name and Title of Person Receiving Complaint**

12b. **Office Address (No., St., City, State, ZIP Code)**

12c. **Phone Number**

12d. **Signature**

12e. **Date**

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**Public Burden Statement**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Obligation to reply is required to obtain or retain benefits (44 USC 5301). Public reporting burden for this collection is estimated to average 2 hours and 30 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.