



**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](http://www.chicago.gov/laborstandards)

<u>OFFICE USE</u>
Date Received: _____
Processed By: _____
CSR#: _____

# OFFICE OF LABOR STANDARDS COMPLAINT FORM

## INSTRUCTIONS

- Complete this form to the fullest extent possible
- Sign and date the form
- 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: \_\_\_\_\_

Address: \_\_\_\_\_  
*City State Zip Code*

Phone Number: \_\_\_\_\_

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

Minimum Wage

Paid Sick Leave

What is your complaint?

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

## COMPLAINANT 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? \_\_\_\_\_

You may designate an alternate contact in the case 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

121 N. LaSalle St., Room 805

Chicago, IL 60602

**or**

E-mail to: [BACPlaborstandards@cityofchicago.org](mailto:BACPlaborstandards@cityofchicago.org)

**or**

Fax to: 312.743.1841

*Note: If you are faxing this form, please include a fax cover sheet*