

THE INDUSTRIAL COMMISSION OF ARIZONA



LABOR DEPARTMENT

Public Complaint Referral Form

This is a:

Youth Labor Complaint

Labor Law Complaint

Submit Date:

EMPLOYER INFORMATION Identify the employer you are issuing the complaint against.

Employer business name

Address

City

State

Zip

Phone

Type of business

Owner's name & title

YOUTH LABOR COMPLAINT Provide as much information about the complaint as possible.

Youth's approximate age

Youth's name, if known

Date of incident

Location of incident

Describe what you observed

LABOR LAW COMPLAINT Provide information about the specific labor issue you are identifying.

This complaint involves:

Not receiving pay stub with pay check.

Employer not paying on prescribed paydays

NSF Check

Pay card issue

Other (describe)

COMPLAINANT INFORMATION

Name

Phone

Address

City

State

Zip

Cell Phone

Email address

I wish to remain anonymous