

FILE A COMPLAINT

Employment Service and Employment Related Law Complaint System

IF YOU HAVE A COMPLAINT ABOUT:

- Employment Services at this office, or
- An Employer
 - Any employment-related law, or
 - An employer the Employment Service program referred you to.

Contact the manager or the following Complaint System Representative:

Complaint System Representative Contact Information:

 Attention: First and Last Name _____

 Telephone: (XXX) XXX-XXXX _____ Extension XX _____

 Email Address: _____

 Mailing Address: _____

Examples:

- | | | |
|------------------------|---|--------------------------------------|
| ✓ Wages | ✓ Employer-Provided Transportation or Housing | ✓ Discrimination |
| ✓ Working Hours | ✓ Child Labor | ✓ Trafficking |
| ✓ Workplace Crimes | ✓ Pesticides | ✓ Sexual Harassment/Coercion/Assault |
| ✓ Wrongful Termination | ✓ Health/Safety | ✓ Other |
| ✓ Contract Compliance | | |

***Any individual, employer, organization, association, or other entity can file a complaint. A complainant may choose an individual to act as their representative.**

This Employment Service office can also help you to find other employment, training, and supportive services to obtain food, shelter, clothing, and other necessities.

PROTECTIONS FOR COMPLAINANTS:

- If you make a complaint or give information related to, or assist in, an investigation of a complaint, your identity will be kept confidential to the fullest extent possible under current law and as necessary to determine the complaint fairly.
- Federal laws prohibit employers from retaliating (taking negative actions) against employees who report employment-related complaints. If you experience retaliation from an employer, notify the complaint representative.

If you have any concerns about this complaint process, please contact your State Monitor Advocate:

State Monitor Advocate Name: _____
Email Address: _____ Telephone: _____

***Language assistance is available free of charge.**

For information on interpretation and translation services, contact:

Name: _____ Telephone: _____