UTAH LABOR COMMISSION ANTIDISCRIMINATION AND LABOR DIVISION WAGE CLAIM UNIT

160 East 300 South Third Floor Salt Lake City UT 84114-6630 Ph: (801) 530-6801 Fax: (801) 530-6282

CHILD LABOR LAW VIOLATION COMPLAINT FORM

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY A copy of this claim will be sent to the employer. Pursuant to Utah Code Section 34 Chapter 23.

PLEASE PRINT ALL INFORMATION

Complainant Infor	mation:			
1. Name of Comple	ainant:Last	First	Middle	
2. Address:				
3. Phone Number:	()	5.3011892		
4. Date of Birth (if	under age of 18):Month	n Day	Year	
5. Name of Parent		17:	levet.	_1LL: \ A
6. Address of Pare	Last or Guardian if different fr		rst ainant:	Middle
Street	Apt. No.	City		Zip

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7.	Phone Number of Parent or Guardian if	different from	n complainai	nt: ()
3.	Name of nearest relative not living with y	ou: Last	First	Middle
) .	Address of nearest relative not living with	1 you:	Street	Apt. No.
	City State Zip			
10.	Date hired:			- yearin
11.	Last day employed:			
En	ployer Information	×		
	12. Name of Business:			
	13. Address of Business:			
	14. Phone Number of Business: ()	in in		
	15. Name of Owner:			
	16. Owner's Home Address:			

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- 17. If the claim is for unpaid wages please complete a Wage Claim Assignment form available through the Labor Commission.
- 18. If the complaint concerns the employer's failure to provide breaks as required by law please identify the following information concerning the violation:

Date Worked	Location	Hours Worked	Total	Breaks Given
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	and the second			
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	1111		KONSO-SE	
		Total Control of the		

(Attach additional sheets if necessary)

19.	If the complaint involves	hours worked	please identify	the following
info	rmation concerning the vi	iolation:		

Date Worked	Location	Hours Worked	Total	Breaks Given
		.m to .m		
		.m to .m		
		.m to .m	***************************************	
0.		.m to .m		
		.m to .m		
5		.m to .m		
		.m to .m		

(Attach additional sheets if necessary)

20. If the complaint involves the employer allowing the employee to work with hazardous equipment, or performing tasks that were not age appropriate please describe the nature of the work:

THIS IS A SWORN STATEMENT

I hereby swear that I am the Complainant in this action, or that I am the parent or guardian of the Complainant in this action.

I further swear that the information contained in this form is true to the best of my knowledge.

Date Signature of Complainant or Parent/Guardian