



**CHILD LABOR LAW COMPLAINT -- Page Two**

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7. Phone Number of Parent or Guardian if different from complainant: ( ) \_\_\_\_\_

8. Name of nearest relative not living with you: \_\_\_\_\_  
Last First Middle

9. Address of nearest relative not living with you: \_\_\_\_\_  
Street Apt. No.

City State Zip

10. Date hired: \_\_\_\_\_

11. Last day employed: \_\_\_\_\_

**Employer Information**

12. Name of Business:

13. Address of Business:

14. Phone Number of Business: ( ) \_\_\_\_\_

15. Name of Owner:

16. Owner's Home Address: \_\_\_\_\_  
Street Apt. No. City State Zip

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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

(Attach additional sheets if necessary)

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**19. If the complaint involves hours worked please identify the following information concerning the violation:**

<b>Date Worked</b>	<b>Location</b>	<b>Hours Worked</b>	<b>Total</b>	<b>Breaks Given</b>
		.m to .m		
		.m to .m		
		.m to .m		
		.m to .m		
		.m to .m		
		.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:**

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**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.**

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**Date**

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**Signature of Complainant or Parent/Guardian**