

# File a Complaint

## Employment Service and Employment Related Law Complaint System

### If you have a complaint about:

- Job 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:

#### Contact Information:

👤 Name: \_\_\_\_\_

☎ Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

✉ Email: \_\_\_\_\_

📍 Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Examples:

- |                        |   |  |
|------------------------|---|--|
| ✓ Wages                | ✓ Employer-provided transportation or housing | ✓ Discrimination                           |
| ✓ Working hours        | ✓ Child labor                                 | ✓ Trafficking                              |
| ✓ Workplace crimes     | ✓ Pesticides                                  | ✓ Sexual harassment, coercion, and assault |
| ✓ Wrongful termination | ✓ Health and safety                           | ✓ Other                                    |
| ✓ Contract compliance  |   |  |

Any individual, employer, organization, association, or other entity can file a complaint.

You can choose someone to act as your representative.

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

#### Protections:

- If you make a complaint, provide information, or help with an investigation, your identity will be kept private as much as the law allows and as needed to handle the complaint fairly.
- Federal laws protect employees from being punished for reporting work-related problems. If your employer retaliates against you, inform the complaint representative.

### If you have any concerns about the complaint process, contact your state monitor advocate:

Name: \_\_\_\_\_

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

**Language assistance is available at no cost.**

For information on interpretation and translation services, contact:

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

