

THE INDUSTRIAL COMMISSION OF ARIZONA

**LABOR DEPARTMENT**

EMPLOYMENT AGENCY COMPLAINT  
No. \_\_\_\_\_

A COPY OF THIS COMPLAINT WILL BE SENT TO THE EMPLOYMENT AGENCY.

Complainant \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Agency Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Counselor(s) \_\_\_\_\_

Did you sign Contract with Agency? \_\_\_\_\_ Date \_\_\_\_\_ Copy received \_\_\_\_\_

Amount of fee paid \_\_\_\_\_ Unpaid Balance \_\_\_\_\_

Submit evidence of amount of fee paid to agency.

PLACEMENT AGENCY COMPLAINT

Employer \_\_\_\_\_

Address \_\_\_\_\_

Hired by \_\_\_\_\_ Salary or  
Wage Agreed Upon \_\_\_\_\_  
Hours Agreed Upon \_\_\_\_\_

Type of job \_\_\_\_\_ Date Accepted \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Discharged? \_\_\_\_\_ Quit? \_\_\_\_\_ Gross Earnings \_\_\_\_\_

Reason \_\_\_\_\_

CAREER COUNSELING COMPLAINT

Services Promised: \_\_\_\_\_  
\_\_\_\_\_

Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Services Not Provided: \_\_\_\_\_  
\_\_\_\_\_

Value of Services Received: \_\_\_\_\_  
\_\_\_\_\_

Amount of Refund Sought (Amount Paid Minus Value of Services Provided): \_\_\_\_\_  
\_\_\_\_\_

