



# INDUSTRIAL COMMISSION OF ARIZONA

## Labor Department

800 W WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

### Public Complaint Referral Form

**This is a:**

Youth Labor Complaint

Labor Law Complaint

Submit Date:

#### EMPLOYER INFORMATION Identify the employer you are issuing the complaint against.

Employer business name

Address

City

State

Zip

Phone

Type of business

Owner's name & title

#### YOUTH LABOR COMPLAINT Provide as much information about the complaint as possible.

Youth's approximate age

Youth's name, if known

Date of incident

Location of incident

Describe what you observed

#### LABOR LAW COMPLAINT Provide information about the specific labor issue you are identifying.

This complaint involves:

Not receiving pay stub with pay check.

Employer not paying on prescribed paydays

NSF Check

Pay card issue

Other (describe)

#### COMPLAINANT INFORMATION

Name

Signature

Address

City

State

Zip

Cell Phone

Email address

I wish to remain anonymous

Phone