**YOUTH LABOR COMPLAINT FORM**

**INDUSTRIAL COMMISSION OF ARIZONA**

**LABOR DEPARTMENT**

**P.O. BOX 19070**

**PHOENIX, ARIZONA 85005-9070**

**PHONE (602) 542-4515** **FAX 602-542-8097**

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**YOUTH LABOR**

Case No.

(For Office Use Only)

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**EMPLOYER INFORMATION**: Identify the employer involved in the Youth Labor violation.

*Employer Name: ____________________________

*Address: ____________________________ *City: ____________________________ *State: _______ Zip: _______

Telephone Number: ____________________________ Type of Business: ____________________________

Owner’s Name: ____________________________

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**YOUTH LABOR COMPLAINT**: Provide as much information related to the violation as possible.

Youth’s Age (or approximate age): ____________________________ Youth’s Date of Birth (if known): ____________________________

Youth’s Name (if known): ____________________________ Date of Incident: ____________________________

Location of Incident: ____________________________

*Describe exactly what happened or what you observed: ____________________________

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*I have supporting documents and evidence related to the Youth Labor Complaint. Yes [ ] No [ ]

“If Yes,” please promptly submit your supporting documents and evidence to the Labor Department by U.S. Mail (P.O. Box 19070, Phoenix, AZ 85005-9070), Fax (602-542-8097), or e-mail (Laborinv@azica.gov).

*I wish to remain anonymous: [ ] Yes [ ] No

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**COMPLAINANT INFORMATION**:

Name: ____________________________ Telephone Number: ____________________________

Address: ____________________________ City: ____________________________ State: _______ Zip: _______

E-Mail Address: ____________________________

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* = Required Field

Revised February 2022