

**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

YOUTH LABOR

Case No. _____

(FOR OFFICE USE ONLY)

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: _____

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: _____

*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

COMPLAINANT INFORMATION:

Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____