

**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 Business 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 my Payment Compliance 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](mailto:Laborinv@azica.gov)).

\*I wish to remain anonymous:  Yes  No

**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_