

Employment Service Complaint/
Referral Record

U.S. Department of Labor
Employment and Training Administration



OMB Approval No. 1205-0039
Expiration Date: 9/30/2000

For ES Use Only

Complaint No.
Date Received

Part I. Complainant's information		Respondent's information	
1. Name of Complainant (Last, first, Middle Initial)		4. Name of Person Complaint Made Against	
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer/ES Office	
b. Temporary Address (If Appropriate)		6. Address of Employer/ES Office	
3a. Permanent Telephone ()	b. Temporary Telephone ()	7. Telephone Number of Employer/ES Office ()	
8. Description of Complaint (If additional space is needed, use separate sheet(s) of paper and attach to this form)			

Certification I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant	10. Social Security Number	11. Date Signed
-----------------------------	----------------------------	-----------------

Part II. For ES Use Only		
1. Migrant or Seasonal Farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. If non-ES-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage & Hour) or OSHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. H-2a/Criteria Employer <input type="checkbox"/> U.S./Domestic Worker <input type="checkbox"/> H-2a Worker <input type="checkbox"/> Wages <input type="checkbox"/> Transportation <input type="checkbox"/> Meals <input type="checkbox"/> Housing <input type="checkbox"/> Other _____
2. Kind of Complaint ("X" Appropriate Box(es)) <input type="checkbox"/> ES Related Job Order No. _____ <input type="checkbox"/> Against Job Service <input type="checkbox"/> Against Employer <input type="checkbox"/> Alleged Violation of ES Regulations <input type="checkbox"/> Alleged Violation of Employment Law(s) <input type="checkbox"/> Non-ES Related	4. Kind of Complaint ("X" Appropriate Box(es)) <input type="checkbox"/> Wage Related <input type="checkbox"/> Child Labor <input type="checkbox"/> Working Conditions <input type="checkbox"/> Migrant & Seasonal Agricultural Worker Protection Act (MSPA) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Housing <input type="checkbox"/> Pesticides <input type="checkbox"/> Health/Safety <input type="checkbox"/> Disability Discrimination <input type="checkbox"/> Discrimination*	

6. *FOR DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the SESA, or with the Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

7a. Referrals To Other Agencies ("X" one) <input type="checkbox"/> Wage & Hour ESA/U.S. DOL. <input type="checkbox"/> OSHA <input type="checkbox"/> Other _____	8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)
b. Follow-Up ("X" one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Follow-up Date

9. Comments (If additional space is needed, use separate sheet of paper) Provided ES Services? Yes No if "No", explain.

10a. Name and Title of Person Receiving Complaint	11. Office Address (No., St., City, State, ZIP Code)
Phone No. _____	12a. Signature
	b. Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply to these requirements are mandatory as required by 20 CFR 651, 653 and 658. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).

Service To Migrant And Seasonal Farmworkers Report

U.S. Department of Labor Employment and Training Administration

STATE	OFFICE	QUARTER ENDING	PY	OMB Approval No. 1205-0039 Expiration Date: 06/30/96
COLORADO				
A. Outreach Service				
1. Best estimate of MSFW's in the area				
2. Number of MSFW's contacted by ES staff				
3. Number of (outreach) staffdays by ES staff				
4. Number of MSFW contacts by cooperating agency staff				
5. Approximate staffdays cooperating agency staff performed outreach				
B. Monitoring System (Reviews by State/Federal Staff)				
1. Total number of significant local offices				
a. Number of significant local offices reviewed				
2. Number of non-significant local offices reviewed				
C. Referral of Apparent Violations to Enforcement Agencies				
1. Total number of ES-related apparent violations referred				
a. To ESA				
b. To OSHA				
c. To Other				
2. Total number of non-ES-related apparent violations referred				
a. To ESA				
b. To OSHA				
c. To Other				
D. Agricultural Clearance Orders				
1. Total number of agricultural orders cleared/Total number of workers referred				0 / 0
a. Intrastate				0 / 0
b. Interstate				0 / 0
c. H-2A related				0 / 0
2. Number of Orders on which field checks were conducted				0
3. Number of orders on which violations were found				0
a. Number of orders on which violations were corrected through informal resolution				0
b. Number of orders having violations which were referred to enforcement agency				0
(1) To ESA				0
(2) To OSHA				0
(3) To Other				0
4. Number of employers for whom discontinuation of service proceedings were initiated as a result of field check				0

Public reporting burden for the ETA 5148 data collection is estimated to average 1 hour 10 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of IRM Policy, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W. Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1205-0039), Washington, DC 20503

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

Page 1 of 2

Part One

ETA 5148
(Rev. April 1994)

US. DEPARTMENT OF LABOR • Employment and Administration JOB SERVICE COMPLAINT SYSTEM REPORT	FISCAL YEAR	STATE
	QTR. ENDING	JS OFFICE

	MSFW			NON-MSFW		
	Against JS Agency	Against Employer	TOTAL	Against JS Agency	Against Employer	TOTAL
A. JS Related Complaints (To date)						
1. Complaints Received	0	0	0	0	0	0
a. Received in current year	0	0	0	0	0	0
b. Previous years carry	0	0	0	0	0	0
2. Pending (Total)						
a. Local Level	0	0	0	0	0	0
1. Outstanding Information	0	0	0	0	0	0
2. In Process	0	0	0	0	0	0
b. State Level	0	0	0	0	0	0
1. Outstanding Information	0	0	0	0	0	0
2. In Process	0	0	0	0	0	0
c. Hearing	0	0	0	0	0	0
d. Enforcement Agency						
1. ESA		0	0		0	0
2. OSHA		0	0		0	0
3. Other		0	0		0	0
3. Resolved	0	0	0	0	0	0
a. Complaint Satisfied	0	0	0	0	0	0
1. Local Level	0	0	0	0	0	0
2. State Level	0	0	0	0	0	0
3. Hearing Level	0	0	0	0	0	0
b. Enforcement Agency Determination	0	0	0		0	0
1. ESA	0	0	0	0	0	0
2. OSHA	0	0	0	0	0	0
3. Other	0	0	0	0	0	0
c. Failure to Elevate	0	0	0	0	0	0
d. Failure to Respond	0	0	0	0	0	0
4. Appealed to RA	0	0	0	0	0	0
B. Non-JS Related						
1. Received	0	0	0			
a. Referred to ESA	0	0	0			
b. Referred to OSHA	0	0	0			