

Employment Service Complaint/ Referral Record

U.S. Department of Labor Employment and Training Administration



OMB Approval No. 1205-0039
Expiration Date: 3/30/2000

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
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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. Types 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"/> Housing <input type="checkbox"/> Child Labor <input type="checkbox"/> Pesticides <input type="checkbox"/> Working Conditions <input type="checkbox"/> Health/Safety <input type="checkbox"/> Migrant & Seasonal Agricultural Worker Protection Act (MSPA) <input type="checkbox"/> Disability Discrimination <input type="checkbox"/> Other (Specify) _____ <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain.		

10a. Name and Title of Person Receiving Complaint	11. Office Address (No., St., State, Zip Code)	
b. 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 of 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).