

**CONSTRUCTION INDUSTRY
EMPLOYEE VERIFICATION
ACT COMPLAINT FORM**

Instructions: Please review and complete all pages of this form.
Sign and date the bottom of the complaint, and mail the completed form to:

**Bureau of Labor Law Compliance
651 Boas Street, Room 1301
Harrisburg, PA 17121
Telephone: (800) 932-0665 Fax: (717) 787-0517
Email: RA-LI-SLMR-LLC@pa.gov**

The Department may not investigate a claim based on race, color, or national origin

**An individual who knowingly provides materially false information on this complaint form
shall be subject to punishment under 18. PA.C.S. § 4904**

Please print:

YOUR INFORMATION

Name of person filing complaint: _____

Address: _____
Street (apt #) City State Zip

Telephone number: (____)____ - _____ Fax: (____)____ - _____
(Include area code) (Include area code)

E-mail address: _____

BUSINESS INFORMATION

Name of business you are complaining about: _____
(A business includes a corporation, partnership, sole proprietorship or person)

Address: _____
Street (apt #) City State Zip

Telephone number: (____)____ - _____ Fax: (____)____ - _____
(Include area code) (Include area code)

What type of construction services does the business perform? _____

Owner of the business: _____

EMPLOYMENT INFORMATION

Provide the following information about each worker that you believe has not been verified by the construction employer:

Name (First, Last)	Type of work performed	Worksite name and location

Why do you contend that the construction company did not verify employees prior to hiring the named individuals:

I verify that facts set forth in this complaint are true and correct to the best of my knowledge, information and belief. I sign this complaint subject to 18 Pa.C.S. § 4904 (relating to unsworn falsifications to authorities).

Signature _____ **Date** _____

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*