EMPLOYMENT COMPLAINT FORM **ES-8**

11-04

Mail to:
ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT OF LABOR
1047 U S 127 S STE 4
FRANKFORT KY 40601-4381
Telephone: 502-564-3070 Fax: 502-564-2248

Name: _____ Telephone (Home): _____

Address: _____ Telephone (8 to 4:30): _____

City, State and Zip Code: _____ Other (e.g. cell or relative): _____

Social Security #: _____ Email Address: _____

Amount Owed: _____ Employer Representative/Title: _____ Hrly/Salary Wage: _____

Nature of Complaint: _____

_____

_____

_____

_____

_____

_____

_____

_____

DO NOT WRITE ON BACK – ATTACH ADDITIONAL SHEETS IF NEEDED

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I authorize the Environmental and Public Protection Cabinet, Department of Labor to use my name in this investigation.

Yes _____ *No* _____ *Date* _____ *Signature* _____

****

Employer's Kentucky Address:

Business Name: _____

Address: _____

City and County: _____

Zip Code: _____ Telephone: _____

If Home Office Is Out of State, Give Address:

Address: _____

_____

Period of Employment: From _____ To _____

DO NOT WRITE IN THIS SECTION

Case #: _____

Assigned to: _____

Date: _____

Type of Complaint: _____

Assigned By: _____

Give Your Job Title and Describe Briefly Your Duties Below:

_____

_____

_____

_____

_____