



MINOR LABOR LAW COMPLAINT

Reason for filing the complaint:				DO NOT WRITE IN THIS AREA			
<input type="checkbox"/> Hazardous occupations				Case #		Approval	
<input type="checkbox"/> Breaks				County		Investigator	
<input type="checkbox"/> Restricted hours				Comments:			
<input type="checkbox"/> Work permits/wage agreements							
<input type="checkbox"/> Wages paid							
ESTABLISHMENT / EMPLOYER INFORMATION							
Name				Address			
City		State	Zip		County	Telephone	
Type of Business				Number of Employees			
Is the business still operating?				Has the business filed for bankruptcy?			
MINOR EMPLOYEE INFORMATION							
Name				Address			
City		State	Zip		County	Telephone	
SSN		Date of Birth		Do you have a work permit?		Do you have a wage agreement?	
Are you in a Career Based Intervention Program?		Have you graduated from high school?		Are you a parent or head of household?			
Did the employer keep time records?				Did the employer keep wage records?			
Did you keep your own time records?				What was your hourly rate of pay?			
ADDITIONAL COMMENTS:							
COMPLAINANT INFORMATION (if different than minor)							
Name				Address			
City		State	Zip		Telephone		
RELATIONSHIP TO MINOR							
SIGNATURE & NOTARY				Complaints will be returned if not complete, signed & notarized.			
Affiant is further informed that Section 2921.13 of the Ohio Revised Code provides a penalty of a misdemeanor of the first degree and that prosecution will be pursued of those persons who "knowingly swear or affirm the truth of a false statement when...the statement is sworn or affirmed before a notary public..."				I hereby certify that this is a true statement to the best of my knowledge and belief.			
Sworn to before me and subscribed by the said:				Signature _____ date _____			
_____				Return to: _____			
In my presence this _____ day of _____ 20_____				Ohio Department of Commerce Division of Industrial Compliance & Labor Bureau of Labor & Worker Safety 6606 Tussing Road Reynoldsburg, OH 43068			
_____ Notary Public							