EMPLOYMENT COMPLAINT FORM

Mail To:
KENTUCKY LABOR CABINET
1047 US HWY 127 S – STE 4
FRANKFORT KY 40601-4381
Telephone: 502-564-3534 ~ Fax: 502-696-1897
www.labor.ky.gov

Personal Information	
Full Name:	**Hourly/Salary Wage:**
Home Address:	**Amount Owed:**
City, State, & Zip Code:	**Email Address:**
Social Security Number:	**Cell Number:**
	Home Phone Number:

Nature of Complaint:

I authorize the KY Labor Cabinet to use my name in this investigation.

Yes ❒ No ❒ Date: _____ Signature: _____

Business Information		
Business Name:		
Employer's Contact Person:		**Contact Person's Title:**
Employer's Kentucky Address:		**Phone:**
City:	**County:**	**Zip:**
If Home Office is Out of State, Give Address:		
Period of Employment From:	**To:**	
Give your job title and describe your duties:		

DO NOT WRITE IN THE SECTION BELOW:
Case Number:
Assigned to:
Date Assigned:
Type of Compliant:
Assigned by:

DO NOT WRITE ON THE BACK OF THIS FORM – ATTACH ADDITIONAL SHEETS IF NEEDED