

EMPLOYMENT COMPLAINT FORM

Mail To:
 KENTUCKY LABOR CABINET
 657 CHAMBERLIN AVE
 FRANKFORT KY 40601-4220
 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 Complaint:
Assigned by:

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