



STATE OF TENNESSEE  
**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
**DIVISION OF WORKPLACE REGULATIONS AND COMPLIANCE**  
**LABOR STANDARDS—OFFICE OF EMPLOYMENT VERIFICATION ASSISTANCE**

220 French Landing Drive  
Nashville TN 37243-1002  
Fax (615) 741-2245

**COMPLAINT**

(Failure to complete this form may cause a delay or result in the form being returned to requesting party.)

**A) EMPLOYER**

Name of Employer: \_\_\_\_\_

Employer's Federal Employment Identification Number (FEIN): \_\_\_\_\_

Name of Owner(s) of Employer if different from Employer: \_\_\_\_\_

Name of immediate supervisor or manager, or a contact person at Employer's place of business: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Many Employees Work for Employer (including part-time employees): \_\_\_\_\_

Describe what kind of work the Employees of this Employer perform: \_\_\_\_\_

\_\_\_\_\_

**B) COMPLAINANT**

Names, addresses and phone numbers of Employees who work for Employer, part-time or full-time (please attach additional pages if necessary to list all Employees known to requesting party).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**C) REQUESTING PARTY**

I hereby request the Department of Labor and Workforce Development to investigate whether the Employer listed above currently has since January 1, 2012, violated the Tennessee Lawful Employment Act.

Printed Name of Requesting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_