



ILLINOIS DEPARTMENT OF LABOR
 1 West Old State Capitol Plaza, 3rd FL
 Springfield, Illinois 62701-1217
 217/782-1710

WARN ACT COMPLAINT FORM
ILLINOIS WORKERS ADJUSTMENT AND RETAINING NOTIFICATION ACT
820 ILCS 65

COMPLAINANT INFORMATION

NAME:		
REPRESENTATIVE		
ADDRESS:		
CITY:		STATE:
DAYTIME #:		ZIP:
FAX:	OTHER:	

COMPANY INFORMATION

CORPORATION NAME:		
ADDRESS:		
CITY:		STATE:
DAYTIME #:		ZIP:
FAX:	OTHER:	
COMPANY NAME:		
ADDRESS:		
CITY:		STATE:
DAYTIME #:		ZIP:
FAX:	OTHER:	
PLANT CLOSING EFFECTIVE DATE:		
LAY OFF EFFECTIVE DATE:		
NUMBER OF EMPLOYEES:		
FULL – TIME		
PART – TIME		
NUMBER OF EMPLOYEES INVOLVED IN CLOSING OR LAY OFF:		

UNION AFFILIATION

NAME OF UNION:		LOCAL:
ADDRESS:		
CITY:		STATE:
DAYTIME #:		ZIP:
FAX:	OTHER:	

"Please provide an explanation of the alleged violation"

SIGNATURE:	DATE:
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