

**ILLINOIS DEPARTMENT OF LABOR**

1 West Old State Capitol Plaza, 3<sup>rd</sup> FL  
Springfield, Illinois 62701-1217  
217/782-1710

**WARN ACT COMPLAINT FORM  
ILLINOIS WORKERS ADJUSTMENT AND RETRAINING NOTIFICATION ACT  
820 ILCS 65****COMPLAINANT INFORMATION**

NAME:

REPRESENTATIVE

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME #:

FAX:

OTHER:

**COMPANY INFORMATION**

CORPORATION NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME #:

FAX:

OTHER:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME #:

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:

ZIP:

DAYTIME #:

FAX:

OTHER:

**"Please provide an explanation of the alleged violation"****SIGNATURE:****DATE:**