



**COMPLAINT INFORMATION FORM
 FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CHILD LABOR PROGRAM
 2601 BLAIR STONE ROAD
 TALLAHASSEE, FL 32399-2212**

CASE # _____

CASE ASSIGNED TO: _____

TODAY'S DATE: _____

1. PERSON SUBMITTING INFORMATION (Complainant)

Name:
Street Address:
City:
State:
Zip Code:
County:
Telephone Number:

Put an "X" in the appropriate box below – (person or agency that telephoned in the complaint):

<input type="checkbox"/>	Present or former employee of establishment:	<input type="checkbox"/>	Other government Agency:	<input type="checkbox"/>	Other (specify Friend, School Official, etc.):
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2. If Complainant is present or former employee of establishment – please complete information below:

If under age of 18 please list Date of Birth:
Dates Employed:
Job Title and Description of Work Performed:

3. ESTABLISHMENT INFORMATION

Name of Establishment:
Street Address:
City:
State:
Zip Code
County:
Telephone Number:
Nature of Establishment's Business: (school, farm, hospital, hotel, restaurant, shoe store, wholesale drugs, manufacturing, construction, trucking, etc.
Estimated number of employees

COMMENTS:

