



IL DEPARTMENT OF LABOR
 Law Division
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 Chicago, IL 60601-3150
 Tel #: (312) 793-1805
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**PERSONNEL RECORDS REVIEW ACT
 Complaint Form**

For Office Use Only

File #:	
Date Received:	

CLAIMANT INFORMATION

Name:			
Address:			
City:	State:	Zip:	
Home Telephone:			
Social Security #:			
Dates of Employment:	From	to	
Have you been laid off subject to a recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

EMPLOYER INFORMATION

Company Name:			
Address:			
City:	State:	Zip:	
Work Telephone:			
Contact Person:			
Total # of Employees:			

GENERAL INFORMATION:

Have you ever reviewed your records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last review?
Were there specific items you wish to review? If so, indicate which ones:		
Has your employer refused you access to your records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which company representative refused you access to your records? How? When? To Whom?		

<p>Has your employer without notice or authorization disclosed your disciplinary records? Which company representative disclosed your disciplinary records? How? When? To Whom?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is there a representative (e.g. attorney or union) whom you are authorizing to obtain a copy of your records? If so, his/her name and address:</p>	
<p>Is there any information in the records with which the employee disagrees and for which the employee is seeking a correction, removal or attachment or a rebuttal statement by employee? If yes, what type/name of document(s) with date(s):</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has your employer gathered or kept a record of your associations, political activities, publications, communications or non-related activities without your written authorization? Give specifics:</p>	
<p>Other complaints under this Act:</p>	

PLEASE READ CAREFULLY BEFORE SIGNING

I am requesting the assistance of the Illinois Department of Labor in the handling of this complaint. I realize it is necessary for the Department to disclose the existence and nature of this complaint and to reveal my name to my (former) employer. I hereby certify that all the information provided in this form and complaint is true and correct to the best of my knowledge and belief.

 Signature

 Date