

**FAMILY BEREAVEMENT
LEAVE ACT (FBLA)
COMPLAINT FORM**

Illinois Department of Labor
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
(312) 793-6797

PLEASE PRINT OR TYPE ALL INFORMATION
Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence. A copy of this sheet will be sent to the employer.

FOR OFFICE USE ONLY: Claim Number

Received

I. EMPLOYER INFORMATION :

II. EMPLOYEE INFORMATION :

Employer Name

Last Name,

First Name

Address

Address

City

State

Zip

City

State

Zip

Corporation Name (if any)

Employee Phone #

Employer Contact Name

Contact Phone #

Email

Number of Employees

Name of Secondary Contact

Secondary Contact Phone #

Is this employer a Government Agency? Yes No

Is this employer still in business? Yes No

Email

III. COMPLAINT DETAILS :

1. Did you request FBLA leave? Yes No

2. Did your employer permit you to take FBLA leave?

Yes If "yes", what were the beginning and end dates of each leave period?

No If "no", state the reason, if any, your employer gave you for denying leave: (Please attach any documents)

3. Did your employer request that you provide documentation for the FBLA leave? Yes No

3(a). If "yes", did you provide the requested documentation to your employer? Yes No

If "yes", please attach the documentation you provided to your employer.

If "no", please explain: (Attach additional sheets if necessary)

Answer **only** if the FBLA leave was taken or requested following a pregnancy loss, failed adoption or surrogacy agreement, unsuccessful reproductive procedure, or other diagnosis or event negatively impacting pregnancy or fertility (820 ILCS 154/10(a)(4)):

4. Did your employer require you to identify the specific category of event that qualifies you for FBLA leave? Yes No

5. Did you voluntarily elect to substitute vacation, sick leave, and/or paid time off during any portion of FBLA leave? Yes No

6. How many hours did you work for your employer in the 12 months before the date of your FBLA leave request?

7. Did your employer restore you to the same or equivalent position upon your return from leave? Yes No

If "no", please explain: (Attach additional sheets if necessary)

8. As a result of FBLA leave, did you forfeit seniority or employment benefits accrued prior to the date of leave? Yes No

If "yes", please explain: (Attach additional sheets if necessary)

9. Were you discharged? Yes No

If "yes", state reason: (Attach additional sheets if necessary)

10. Did your employer discipline, discriminate, or take any other adverse employment action against you for requesting FBLA leave opposing your employer's practices that you believe violate the FBLA, or for supporting the exercise of rights under the FBLA by another employee? Yes No

If "yes", please identify each specific action: (Attach additional sheets if necessary)

IV. CERTIFICATION & SIGNATURE: Please sign, date, and return this form with two copies of any attachments to the Illinois Department of Labor at the address listed at the top of this form.

I HEREBY CERTIFY that the statements herein, including attachments, are true and accurate to the best of my knowledge and belief. I understand that acceptance of this complaint by the Illinois Department of Labor does not guarantee any specific result. I authorize the Illinois Department of Labor to receive any monies paid and to mail such monies to me at my own risk.

Date: Employee's Signature