

PERSONNEL RECORDS REVIEW ACT

Illinois Department of Labor
160 N. LaSalle Street, Ste. C-1300
Chicago, Illinois 60601
312-793-5366
DOL.PRR@illinois.gov



Complaint Form
PLEASE PRINT OR TYPE ALL INFORMATION

FOR OFFICIAL USE ONLY

File Number: _____

Date Received: _____

CLAIMANT INFORMATION:

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ E-Mail _____

Dates of Employment: From _____ to: _____
(Mo/Day/Year) (Mo/Day/Year)

Have you been laid off subject to a recall? Yes No Recall date: _____

EMPLOYER INFORMATION:

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____

Total Number of Employees: _____

GENERAL INFORMATION:

1. Date of last review of records _____

2. Which specific item(s) do you wish to review?

3. Has your employer refused you access to your records? Yes No

Reason stated:

4. Has your employer without notice or authorization disclosed your disciplinary records? Yes No

If yes, which company representative disclosed your disciplinary records? How? When? To whom?

5. Is there a representative (e.g. attorney or union) whom you are authorizing to obtain a copy of your records? Yes No

If yes, please provide his or her name and address:

6. 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 by employee? Yes No

If yes, please list the document(s) with type/name and date(s):

7. Has your employer gathered or kept a record of your associations, political activities, publications, communications or non-related activities without your written authorization? Yes No

If yes, give specifics:

8. Other complaints under this Act:

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 _____

(must have original signature)

Date _____