EMPLOYMENT COMPLAINT FORM

Mail To: EDUCATION AND LABOR CABINET DIVISION OF WAGES AND HOURS 500 MERO STREET, 3RD FLOOR FRANKFORT KY 40601-4220

Telephone: 502-564-3534 ~ Fax: 502-696-1897 www.labor.ky.gov

Personal Information	
Full Name:	Hourly/Salary Wage:
Home Address:	Amount Owed:
City, State, & Zip Code:	Email Address:
Social Security Number:	Cell Number:
	Home Phone Number:
Nature of Complaint:	
I authorize the KY Labor Cabinet to use my name in this investigation. Yes No Date: Signature:	
Business Information	
Business Name:	
Employer's Contact Person:	Contact Person's Title:
Employer's Kentucky Address:	Phone:
City: County:	Zip:
If Home Office is Out of State, Give Address:	<u> </u>
Period of Employment From: To:	
Period of Employment From: To: Give your job title and describe your duties:	
Give your job title and describe your duties:	SECTION RELOW:
Give your job title and describe your duties: DO NOT WRITE IN THE	SECTION BELOW:
Give your job title and describe your duties: DO NOT WRITE IN THE Case Number:	SECTION BELOW:
Give your job title and describe your duties: DO NOT WRITE IN THE Case Number: Assigned to:	SECTION BELOW:
Give your job title and describe your duties: DO NOT WRITE IN THE Case Number:	SECTION BELOW:

DO NOT WRITE ON THE BACK OF THIS FORM - ATTACH ADDITIONAL SHEETS IF NEEDED

FORM: ES-8 Rev: 09/26/18