

Indiana Department of Labor Right-to-Work Complaint Form

(Not an official state form/Rev. 7/12)

When completed, return this form to: Indiana Department of Labor Wage and Hour Division

402 W. Washington St., Room W195 Indianapolis, Indiana 46204

Complainant	Employer
Name:	Name:
Address:	Address:
City, State, Zip:	City, State Zip:
Telephone:	Contact Person:
Alt. Telephone:	Telephone:
Labor Union	
Name:	Local #:
Address:	Telephone:
City, State, Zip:	Contact Person:
Please describe the activity or conduct you believe violates the Indiana Right-to-Work law (attach additional pages if necessary).	
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Signature:	Date: