



**CONSTRUCTION INDUSTRY
EMPLOYEE VERIFICATION
ACT COMPLAINT FORM**

RETURN TO:

**Bureau of Labor Law Compliance 651 Boas St., Room 1301
Harrisburg, PA 17121-0750
Telephone: 717-705-5969 or 800-932-0665
FAX: 717-787-0517**

**The Department may not investigate a complaint if it is lacking sufficient information or
if the Department is unable to contact you**

**Knowingly providing materially false information on this complaint form
is punishable under 18 PA. C.S. § 4904**

Please print:

YOUR INFORMATION

Name: _____

Preferred method of contact: _____

Contact information: _____

EMPLOYER INFORMATION

Name of employer: _____

Business Address: _____

Street (apt #)

City

State

Zip

Business Telephone number: (_____) - _____ - _____
(Include area code)

What type of construction services does the employer perform? _____

Individual owner(s) (if employer is a business entity): _____

[illegible]

Signature _____ **Date** _____

LLC-66 REV 03-25 (Page 2)