



STATEMENT OF COMPLAINT

Employer Not Reporting Employees For Connecticut Unemployment Compensation Purposes

Business (Employer Information):

Date _____

Name _____

Owner/Officer _____

Address _____

Telephone Number _____

Type of Business _____

Hours of Operation (if known) _____

Work location(s) and time of day when the work is being performed:

Name and Title of person in charge at each location: (Owner, Manager, Forman, etc.)

Nature of Complaint: (Include names of unreported employees)

Approximate number of employees not reported: _____

Dates Occurring: From: _____ To: _____

Your Information (Optional):

Name _____ Address _____

Tel. Number _____ Signed _____

- Instructions:**
- 1. Please print or type, or complete on-line, print, and send or fax to the address below.**
 - 2. Include any information that may be helpful in investigating your complaint, including relevant supporting documentation.**

Return To: Connecticut Department of Labor – Field Audit Unit
200 Folly Brook Blvd. Wethersfield, CT 06109
Fax (860) 263-6379