

Employee Classification Act Complaint Form



Labor Standards
550 S. 16th Street
Lincoln, NE 68508
402-471-2239

Your Information

Name: _____ Title: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____
Social Security #: _____

Do you believe that you are or were being misclassified? Yes No

Business Being Reported

What is your relationship to the business? Former Worker Current Worker Other: _____

If you are a former or current worker, please list dates of employment: _____ to _____

Business Name: _____ Owner: _____
Business Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____ Contractor Registration #: _____
Location/address of jobsite or where work was being performed: _____

Complaint Information

Please provide any explanation or information that would be helpful to Nebraska Department of Labor in the investigation of this complaint.

Are there other possible misclassified workers at this business? Please list below, if known.

Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____

I hereby certify that the information provided above is true to the best of my knowledge and belief. I authorize the Nebraska Department of Labor to share the information contained in this complaint with any other government office or agency necessary to fully resolve this complaint.

Signature: _____ Date: _____