



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

CHILD LABOR COMPLAINT FORM
Sections 294.005 through 294.150 RSMo

Mail completed form to:
Division of Labor Standards
Attn: Child Labor Program
P.O. Box 449, Jefferson City, MO 65102-0449
Phone: 573-751-3403 Fax: 573-751-3721
Email: childlabor@labor.mo.gov
Website: www.labor.mo.gov/DLS

Complainant Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone No. (____) _____ Alternate Phone No.(____) _____

Email Address _____

Minor Name _____ Age _____ Date of Birth _____

Address _____ Phone No. (____) _____

Type of Complaint *(Please check all appropriate boxes.)*

- Time/Hours Prohibited Occupation Age Restriction Other

Summary of Complaint *(Use additional sheets, if necessary.)*

Employer Information

Name of Employer _____

Address _____

City _____ State _____ ZIP Code _____

Phone No.(s) (____) _____ (____) _____

Website _____

Period employed with this company (month, day, year) From: _____ To: _____

Supporting Documentation *(Please attach the following documents.)*

- Check stubs/copies of payroll checks/time cards Other information *(any supporting documentation)*

STATEMENT OF VERIFICATION

I, _____ *(print name)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information and belief.

_____ COMPLAINANT SIGNATURE

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711*