



COMPLAINT INQUIRY

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS
SFN 52114 (11-2023)

600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax 701-328-2031
ND Toll-Free 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

ALL BLANKS MUST BE COMPLETED

Number (For Department Use Only)

COMPLAINANT INFORMATION

Name (First, Last)			
Mailing Address	City	State	ZIP Code
Email Address			
DO YOU CONSENT TO RECEIVING CORRESPONDENCE EXCLUSIVELY AT THIS EMAIL ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone Number	Alternate Telephone Number		

EMPLOYER INFORMATION

Employer/Company Name	Owner/Manager Name		
Street Address	City	State	ZIP Code
Employer Email Address	Telephone Number		
Contact Person (If different from owner/manager)			

Describe the Situation: (Be as specific as possible-include names, dates, places, etc.) (For final paycheck, please include: hourly rate, hours worked, and dates worked)

By typing my name here, I certify that the information I have provided above is true and complete to the best of my knowledge, information, and belief, and I adopt this as my online signature.

Signature	Date
-----------	------

NOTICE: Anything you submit to us in paper will be scanned to an electronic version and the original destroyed.