Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

COVERED EMPLOYER/EMPLOYEE/CONTRACTOR/SUB-CONTRACTOR COMPLAINT FORM

Suffolk County Lawful Hiring of Employees – Local Law No. 52-2006

EMPLOYEE

First Name **Middle** **Last Name**

Home Address

City **State** **Zip Code**

Telephone: Home **Cell**

EMPLOYER

Name

Business Address

City **State** **Zip Code**

Telephone #

EMPLOYMENT INFORMATION

Job Title **Hire Date** **Date Last Worked**

Are you still employed by the employer named above? **If no** **Quit___** **Fired____** **Laid Off___**

NATURE OF COMPLAINT