THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

Employment, Placement, and Staffing Agencies Program
19 Staniford Street, 2nd Floor ▪ Boston, MA 02114
(617) 626-6970 ▪ (617) 626-6965 *fax*
www.mass.gov/dols/epsap

# Employment, Staffing, or Placement Agency Complaint Form for alleged violations of the Temporary Workers Right to Know Law (M.G.L. c. 149, §159C) or Employment Agency Law (M.G.L. c. 140, §§46A-46R)

**SECTION I** **Person making the complaint:**

Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone : _____ Work Telephone: _____

**SECTION II** **Agency or work site employer about which you are launching complaint:**

Name of Agency: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____

**SECTION III** **Describe the redress you seek from filing this complaint (monetary refund, return of property, etc):**

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**SECTION IV** **Describe complaint in full detail and attach copies of all pertinent documents, such as job order, contracts, agreements, etc. Please use additional sheets if necessary.**

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I hereby certify that to the best of my knowledge and belief, this is a true statement of the facts relating to my complaint.

Signature: _____ Date: _____

***Please Note:*** *Complaints pertaining to wages, hours, working conditions, and child labor should be filed with the Office of the Attorney General, Fair Labor Division, One Ashburton Place, Boston, MA 02108. Complaint forms are available at: www.ago.state.ma.us.*

***MAIL, FAX, OR E-MAIL YOUR COMPLETED FORM AND ALL PERTINENT DOCUMENTS TO:***

MA Department of Labor Standards, Employment, Placement, and Staffing Agencies Program, 19 Staniford Street, 2nd Floor, Boston, MA 02114; FAX: 617-626-6965; james.dellorusso@state.ma.us