



Alabama Department of Workforce
Inspections Division
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Montgomery, AL 36131
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Kay Ivey
Governor

Greg J. Reed
Secretary of
Workforce

Inspection Division Complaint Form

Complaint received by: Mail [] Email [] Phone [] In Person []

Person making a complaint: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What is the nature of your complaint? _____

Address of complaint: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please summarize the details of your complaint as clearly and completely as possible. Include dates and any means of corroboration. Attach additional sheets, documents, photos, if needed.

I certify that all information which I have provided herein to be true, correct and complete to the best of my knowledge.

Signature: _____

(Must be witnessed by Notary Public)

Subscribed and sworn to, before me this date: _____

State/County: _____ Commission Expires: _____

Notary Signature: _____

For official use only:

Received by: _____ Date: _____ Page ____ of ____

Attachment (a)