



**TEXAS WORKFORCE COMMISSION
LABOR LAW SECTION**
101 East 15th Street, Room 514, Austin, Texas 78778

Child Labor Complaint

Please provide the following information, in case we need to contact you:

Your Name: First MI Last	Child's Name: First MI Last
Address	Address
City State Zip	City State Zip
Telephone number ()	Telephone number ()
Your relationship to child, if any (parent, teacher, relative, etc.)	Age of child (if known)

Information about the employer:

Business Name	Owner/Supervisor Name
Street Address	Telephone number ()
City State Zip	City State Zip
Telephone number ()	County
Type of business	

Do you believe the work is placing the child in immediate danger of injury? Yes No

Describe the type of work the child is performing. What machines or equipment are being operated? What hours and days is the child working? _____

Additional comments - if more than one child is involved, list the names here: _____

MAIL TO: Texas Workforce Commission, Labor Law Section, Room 514, 101 East 15th Street, Austin, Texas 78778-0001
Phone 800-832-9243 (TDD 800-735-2989) or 512-475-2670; Fax 512-475-3025

DO NOT WRITE IN THIS BOX (For Office Use Only)			
Claim taker _____	Case number _____	Case source _____	Case type _____
TWC Region _____	DOL District _____	County code _____	

Date received _____ Assigned to _____ Assignment date _____

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Labor Law Section, 101 E. 15th St., Rm. 514, Austin, TX 78778-0001, (512) 475-2670. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.