

HAS ER PROVIDED WRITTEN NOTICE OF FMLA RIGHTS

YES NO

ARE FMLA RIGHTS POSTED AT THE ESTABLISHMENT

YES NO

PRIOR TO CURRENT EVENT WAS FMLA USED IN PRECEDING 12 MONTHS

YES NO

IF "YES" PROVIDE DATES FROM _____ TO _____

IF THERE IS A CBA HVE YOU FILED A GRIEVANCE

YES NO

IF "YES" NAME _____ PHONE # _____

DATE CONTACTED REPRESENTATION _____

NATURE OF VILATION

REMARKS - I BELIEVE MY ER VIOLATED THE FMLA BECAUSE

REMEDIES SOUGHT BY EMPLOYEE _____

I AUTHORIZE A WAGE & HOUR REPRESENTATIVE TO USE MY NAME AND INFORMATION I HAVE PROVIDED

AUTHORIZATION PROVIDED BY PHONE MAIL IN PERSON

COMPLAINT TAKEN BY: