

South Carolina Department of Labor, Licensing and Regulation Division of Investigations and Enforcement

Office of Wages and Child Labor

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Child Labor Complaint Form

Today's Date:		
Your name:		
Your Address:		
City:	State: Zipcode:	
Telephone: ()	Email address:	
Company in violation:		
	Title:	
-		
	State: Zipcode:	
Telephone: ()	Number of Employees:	
Minor's Name:		
	Zipcode: Home Phon	
Birthday: Age:	Proof of age:	
Date Hired: Occ	upation:	
Alleged Violation(s):		
Minor's Name:		
Home Address:		
City: State:	Zipcode: Home Phon	ne: ()
Birthday: Age:	Proof of age:	
Date Hired: Occ	upation:	
Alleged Violation(s):		