



Pinal County Attorney's Office  
30 N. Florence Street, Bldg. D  
P.O. Box 887  
Florence, Arizona 85232

**Legal Arizona Workers Act  
Complaint Form**

**1) Employer Information:**

- a) Name of company or individual employer that is the subject of this complaint: \_\_\_\_\_
- b) Type of business: \_\_\_\_\_
- c) Street address: \_\_\_\_\_
- d) Mailing address: \_\_\_\_\_
- e) Phone number: \_\_\_\_\_
- f) Employer business licenses: \_\_\_\_\_  
\_\_\_\_\_
- g) Principals/Owners/Affiliates of employer: \_\_\_\_\_  
\_\_\_\_\_
- h) Other identifying information about the employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Unauthorized Alien Employee:**

- a) Name of alleged unauthorized alien employee: \_\_\_\_\_
- b) Alias(es): \_\_\_\_\_
- c) Physical description/identifying marks: \_\_\_\_\_  
\_\_\_\_\_
- d) Street address: \_\_\_\_\_
- e) Mailing address: \_\_\_\_\_

f) Phone number: \_\_\_\_\_

g) Date of birth: \_\_\_\_\_

h) Social Security number: \_\_\_\_\_

i) If you are aware of more than one unauthorized alien employee, please attach a continuation sheet with all the above information for each additional employee.

3) If the work site of the alleged unauthorized alien employee(s) is different from the above employer's address, please list the work site address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What leads you to believe the above individual(s) is (are) not authorized to work in the United States? Be specific and provide a detailed description; use a continuation sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) A.R.S. §23-212 requires evidence that the employer acted *knowingly* or *intentionally* in employing an unauthorized alien. Please list all information you have regarding facts and circumstances that led you to conclude that this employer acted *knowingly* or *intentionally* in employing an unauthorized alien. Be specific; use a continuation sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Employers are required to check the work authorization of newly hired employees using "E-Verify," a federal database. Do you know whether the employer checked E-Verify when the employer hired the employee you believe is unauthorized?  
\_\_\_ Yes \_\_\_ No If yes, how do you know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) When did you first become aware of the information contained in your complaint?

\_\_\_\_\_

8) How did you become aware of this information? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: If any of the information that you've related in this form is based on the statements of third parties (that is, something you overheard or were told by someone else), please make sure that you list those individuals under paragraph 9, below, so that these statements can be verified.

9) Are you aware of any other individuals with relevant information concerning your complaint? Please list their contact information below (attach continuation sheets if necessary):

	Name	Phone	Street Address or Current place of work
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____

10) Do you now or have you ever worked for this employer? If so, list the date started, date ended and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) Your information:

a) Name: \_\_\_\_\_

e) Street address: \_\_\_\_\_

f) Mailing address: \_\_\_\_\_

g) Date of birth: \_\_\_\_\_

h) Home Phone: \_\_\_\_\_

i) Work Phone: \_\_\_\_\_

j) Cell Phone: \_\_\_\_\_

k) E-Mail: \_\_\_\_\_

12) Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

