



MOHAVE COUNTY ATTORNEY'S OFFICE

928-753-0719

Fax 928-753-2669

PLEASE RETURN COMPLETED FORM TO:

P.O. Box 7000, Kingman, AZ 86401

Branch Offices:

Bullhead City (928) 758-0727

Lake Havasu City (928) 854-3501

LEGAL ARIZONA WORKERS ACT COMPLAINT FORM

The Mohave County Attorney's Office is charged by law with investigating complaints that an employer after January 1, 2008 employs an unauthorized alien. The complaint form requests information necessary to properly investigate the complaint. The more information that is provided, the more fully the complaint can be investigated. Providing your name and contact information is not required, but investigators often need to ask additional questions to further the investigation. The less information that is provided to us, the less chance the complaint can be investigated. **THE FILING OF A FALSE AND FRIVOLOUS COMPLAINT IS A CLASS 3 MISDEMEANOR, PUNISHABLE BY A JAIL SENTENCE AND FINE.** Complaints based solely on an employee's national origin, ethnicity (including language) or race cannot be investigated.

EMPLOYER _____ Phone Number: () _____

Address _____

City State

Type of Business _____ Business License _____

Owners/Principals/Affiliates _____

Unauthorized Worker(s):

Name _____ DOB _____ SSN _____

AKA(s) _____ Physical Description
(Identifying marks) _____

Address City State Zip

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.

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).

What leads you to believe that the above individual is not authorized to work in the United States? Be specific and provide a detailed description (use a continuation sheet if necessary).

A.R.S. §23-211 requires evidence that the employer acted *knowingly* or *intentionally* in hiring or continuing to employ 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*. Be specific; use a continuation sheet if necessary.

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?

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

How did you become aware of this information? _____

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

PLEASE 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 so that these statements can be verified.

Name	Address	Phone

Do you now or have you ever worked for this employer? _____ If yes, Date Started _____

Date Ended _____ Reason for leaving _____

Please provide us with your contact information.

Name	Address	Phone

Signature

Date