



**TEXAS WORKFORCE COMMISSION  
LABOR LAW SECTION**  
101 East 15<sup>th</sup> Street, Room 124T, 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 124T, 101 East 15th Street, Austin, Texas 78778-0001**  
Phone 1-800-832-9243 (TDD 1-800-735-2989) or 1-512-475-2670; Fax 1-512-475-3025

<b>DO NOT WRITE IN THIS BOX (For Office Use Only)</b>			
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. 124T, 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](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.