

**Nonimmigrant Worker  
Information Form**

**U.S. Department Of Labor**  
Employment Standards Administration  
Wage and Hour Division



OMB Control No.: 1205-0310

Expiration Date: 11/30/2008

Persons are not required to respond to an information collection unless it displays a currently valid OMB control number.

This report is authorized by the American Competitiveness and Workforce Improvement Act (ACWIA) of 1998. 8 U.S.C. §§ 1182(n)(2)(G), 1182(t)(3)(A). The information provided on this form will assist the U.S. Department of Labor (DOL) in determining whether the named employer of H-1B, H-1B1 or E-3 nonimmigrant(s) has committed a violation of provisions of the applicable nonimmigrant program. Your identity will be kept confidential to the fullest extent provided by law. 5 U.S.C. § 552(b)(7)(D). Please provide as much of the requested information as possible. Attach additional sheets if you need additional space to respond to a question. If you do not understand a term, or need assistance in the completion of this form, please contact the Wage and Hour Division of the U.S. Department of Labor. 1-866-4USWAGE (1-866-487-9243). After you submit the form, a representative from the DOL may contact you if further information is necessary to initiate an investigation.

**1. Person Submitting Information (please print)**

Mr., Miss, Mrs., Ms.: \_\_\_\_\_

First Name Middle Name Last Name

Current Address: \_\_\_\_\_

Number, Street, Apt., or P.O. Box No.

City, State, ZIP Code

Telephone Number (including area code): \_\_\_\_\_

Days/Times When You Can Be Reached at that Number: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

**2. Nature of Source's Relationship to Employer (Please check all that apply)**

- (a)  Nonimmigrant Worker  H-1B  H-1B1  E-3  
 Former or  Current Employee (dates of employment): \_\_\_\_\_
- (b)  U.S. Worker  
 Former  Current Employee (dates of employment): \_\_\_\_\_
- (c)  Job Applicant (date of application): \_\_\_\_\_
- (d)  Competitor Business (please specify): \_\_\_\_\_
- (e)  Federal Government Agency (please specify): \_\_\_\_\_
- (f)  State or Local Government Agency (please specify): \_\_\_\_\_
- (g)  Community or Service Organization (please specify): \_\_\_\_\_
- (h)  Other (please specify): \_\_\_\_\_

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**3. Information on Employer Committing Alleged Violation(s)**

Name of Employer/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street City, State ZIP Code

Employer Representative to Be Contacted: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

**4. Description of Alleged Violation(s)**

Please check the appropriate box(es), (a) through (q), which best describe the violation of the applicable **nonimmigrant** worker provisions of the Immigration and Nationality Act which you believe have occurred. In Section 8, identify each item checked and describe, in as much detail as possible, the facts and circumstances which cause you to believe that violations have occurred. **(Note. Items m, n, o, and p do not apply to H-1B1 or E-3 workers).**

- (a)  Employer supplied incorrect or false information on the Labor Condition Application (LCA).
- (b)  Employer failed to pay **nonimmigrant** worker(s) the higher of the prevailing or actual wage.
- (c)  Employer failed to pay **nonimmigrant** worker(s) for time off due to a decision by the employer (e.g., for lack of work) or for time needed by the **nonimmigrant** worker(s) to acquire a license or permit.
- (d)  Employer made deductions from **nonimmigrant** worker's wage (e.g., for **nonimmigrant** petition processing; for food and housing expenses when the nonimmigrant worker is traveling on the employer's business; for tools and equipment necessary to perform employer's work) **that caused the wages paid to fall below the nonimmigrant worker's required wage.**
- (e)  Employer failed to provide fringe benefits to **nonimmigrant** worker(s) equivalent to those provided to U.S. worker(s) (e.g., cash bonuses, stock options, paid vacations and holidays, health benefits, insurance, retirement and saving plans).
- (f)  Employer does not afford **nonimmigrant** worker(s) working conditions (hour, shifts, and vacation periods) on the same basis as it does U.S. worker(s), or the employment of **nonimmigrant** worker(s) adversely affects the working conditions of U.S. worker(s).
- (g)  Employer failed to comply with "no strike/lockout" requirement by: 1) placing or contracting out nonimmigrant worker(s) during the validity period of the LCA to any place of employment where there is a labor dispute; 2) failing to notify the DOL, within 3 working days of the occurrence, of such a labor dispute; or 3) using an LCA for **nonimmigrant** worker(s) to work at a site before the DOL has determined that a labor dispute has ended.
- (h)  Employer failed to provide employees or their collective bargaining representative, either by hard copy posting or electronically, notice of its intentions to hire nonimmigrant worker(s), or has failed to provide nonimmigrant worker(s) with a copy of the LCA.
- (i)  Employer required **nonimmigrant** worker(s) to pay all or any part of the **scholarship and training fee (ACWIA fee).**
- (j)  Employer imposed an illegal penalty **(as opposed to liquidated damages permissible under state law) on nonimmigrant** worker(s) for ceasing employment with the employer prior to a date agreed upon by the nonimmigrant worker and the employer.
- (k)  Employer retaliated or discriminated against an employee, former employee, or job applicant for disclosing information, filing a complaint, or cooperating in an investigation or proceeding about a violation of the applicable **nonimmigrant** program laws and regulations (i.e., whistleblower).
- (l)  Employer failed to maintain and make available for public examination the LCA and necessary documents at the employer's principal place of business or worksite.
- (m)  **H-1B dependent/willful violator** employer laid off U.S. worker(s) and has replaced or seeks to replace U.S. worker(s) with H-1B worker(s) within 90 days before or after filing H-1B visa petitions.
- (n)  **H-1B dependent/willful violator** employer placed H-1B workers(s) at another employer's worksite where U.S. workers have been laid off, and /or has failed to inquire of the second employer whether it has or intends to lay-off U.S. worker(s) and replace them with H-1B worker(s).
- (o)  **H-1B dependent/willful violator** employer failed to recruit U.S. worker(s) for jobs for which H-1B worker(s) are sought.

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- (p)  **H-1B dependent/willful violator** employer failed to hire a U.S. worker who applied and was equally or better qualified for the job for which the H-1B worker was sought. Complaints alleging **failure to offer employment to an equally or better qualified U.S. worker, or a misrepresentation regarding such offer(s) of employment, may** be filed with the U.S.

Department of Justice, Office of Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW., Washington, DC 20530.

(q)  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Date(s) of Alleged Violation(s): \_\_\_\_\_

6. Location of Worksite(s) where Alleged Violation(s) occurred: \_\_\_\_\_

7. Basis of Knowledge of Alleged Violation(s): \_\_\_\_\_

8. Description of facts and circumstances which support allegations in Section 4, items (a) through (q). Use additional sheets of paper, if necessary.

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**Notice.** These reporting instructions have been approved under the Paperwork Reduction Act. Obligations to reply are voluntary. Immigration and Nationality Act, section 212(n)(G)(ii). Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.

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**FOR DOL USE ONLY**

Complaint Received/Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Source of Complaint is:  Aggrieved party  Credible source