Nonimmigrant Worker Information Form **U.S. Department Of Labor** Employment Standards Administration Wage and Hour Division



OMB Control No.: 1205-0310

Expiration Date: 03/31/2015

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. I	Box No.					
		City,	State,	ZIP Code				
		-						
	Telephone Number (including area code):							
	Dave/Times When You Can Be Beached at that Number							
	Duys, Thires When I	es When You Can Be Reached at that Number:						
	E-Mail Address (opt	ional):						
2.	Nature of Source's	Relationship to Employer (Plea	ase check all that apply)					
			H-1B H-1B1	E-3				
	(a) Nommigrant							
		Former or	Current Employee (dates of employmen	<i>t</i>):				
	(b) U.S	. Worker						
		Former	Current Employee (dates of employmen	t):				
	(d) Competitor Business (please specify):							
	(e) Fed	Federal Government Agency (please specify):						
	(f) Staor Local	Government Agency (please specify):						
	(g) Cor	nmunity or Service Organization	(please specify):					
	(h) Oth	er (please specify):						
			Continued on Next Page					
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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 Nationally 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 (<i>e.g.</i> , 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 (<i>e.g.</i> , 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) (<i>e.g.</i> , 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 provided 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).
(0)	H-1B dependent/willful violator employer failed to recruit U.S. worker(s) for jobs for which H-1B worker(s) are sought.
(p)	Continued on Next Page 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.

					ce, Office of Special Co nington, DC 20530.	unsel for Immigratic	on-Related Unfair Employment Practices, 950 Pennsylvania
	(q)		Other:				
5.	Date((s) of All	eged Violati	on(s):			
6.	Locat	tion of V	Vorksite(s) w	here All	eged Violation(s) occur	red:	
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.					
repo Act, the t info	orting in sectior time to rmatior	nstructior n 212(n)(review in n. Send o	ns have been G)(ii). Publi Instructions, se comments reg	approved c reportin earch exis arding th	under the Paperwork Re g burden for this collect ting data sources, gathe is burden estimate or an	eduction Act. Obligation of information is r and maintain the date of the date	lays a currently valid OMB control number. These ations to reply are voluntary. Immigration and Nationality s estimated to average 20 minutes per response, including ata needed, and complete and review the collection of is collection of information, including suggestions for n Ave., NW, Washington, DC 20210.
					FOR	DOL USE ONLY	
Con	nplaint	Received	l/Taken By:			Date:	
Sou	rce of C	Complain	t is:		Aggrieved party		Credible source