Legal Arizona Workers Act
Prescribed Complaint Form

Instructions:

1. This complaint form is prescribed by the Arizona Attorney General’s Office pursuant to Arizona Revised Statutes §§ 23-212(B) and 23-212.01(B). You may use this form to make a complaint either to the County Attorney of the county where an unauthorized alien worker is or was employed, or to the Arizona Attorney General’s Office, Attention Investigations. The final page of this form provides the address and telephone number of each County Attorney and the Arizona Attorney General’s Office. Mail the completed form to the appropriate address from the final page. If you have any question about this form, please direct your question to the office where you intend to send your completed form.

2. The law does not require you to use this complaint form, nor does the law prohibit anonymous complaints. However, if you submit a complaint by telephone or e-mail or if you use a different complaint form or if you use this form but refuse to provide your contact information and signature or if you make some other form of anonymous complaint, your complaint may or may not be investigated, at the discretion of the investigative agency. If you intend to submit your complaint to a County Attorney, but do not wish to use this form, you should contact that County Attorney’s office to determine how to submit your complaint.

3. Please use a black or blue pen and PRINT clearly.

4. Please complete all sections of this form that you can, using additional pages if necessary. If you do not know the requested information, write “unknown.” Do not guess or make up information.

Employer:

After December 31, 2007, the following employer hired one or more unauthorized alien workers as employees and/or independent contractors:

Name of employer: ____________________________________________________________

Type of business: _____________________________________________________________

Address where the unauthorized alien worker is or was employed: _______________________

____________________________________________________________________________

Employer’s phone number: ______________________________________________________

Names of managers, supervisors, or others who are familiar with employer’s hiring practices:

____________________________________________________________________________

Does the employer have one or more business licenses? _____ If so, what licenses? _______

____________________________________________________________________________
Unauthorized Alien Worker (#___)*:

After December 31, 2007, the following person was hired as an employee or independent contractor by the employer named on the first page and at the time of hiring, the following person was not authorized to work in the United States:

Name: ________________________________________ Date hired: ________________

Aliases: _____________________________________________________________________

Physical description, identifying marks: _________________________________________________________________________

Home address: _______________________________________________________________________

Phone number: _______________________________________________________________________

Date of birth: ________________ Social Security number: _______________________

Job description: ____________________________

Address where this person works or worked for employer: ______________________________

What information leads you to believe that this worker was not authorized to work in the United States? ____________________________________________________________

__________________________________________________________

Did the employer know that this worker was not authorized to work in the United States? ________

If your answer is “yes,” what information leads you to believe that the employer did know that this worker was not authorized to work in the United States? ____________________________________________________________

__________________________________________________________

Did the employer check this worker using the E-Verify system? __________________________

If so, when? __________ What was the result? ___________________________________________

Did the employer check this worker using the Social Security Number Verification Service? ___

If so, when? __________ What was the result? ___________________________________________

Did the employer complete an I-9 form for this worker? _____ If so, when? ________________

Did the employer accept any false documents from this worker in the I-9 process? ________

If your answer is “yes,” did the employer know the documents were false? _________________

What documents were false? _______________________________________________________

What information leads you to believe that the employer knew that the documents were false?

______________________________________________________________________________

______________________________________________________________________________

* Use as many copies of this page as necessary to describe every unauthorized alien worker, one worker per page, then number each page at the top right corner, beginning with page “2.”
When did you become aware of the information provided on the previous pages? __________
____________________________________________________________________________
How did you become aware of the information provided on the previous pages? __________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Are you now an employee of the employer named on the first page? ______________
If not, have you previously been an employee of the employer named on the first page? ______
If you were previously employed by the employer named on the first page, when did you start,
when did you leave, why did you leave, where did you work, what positions did you hold, and
who were your immediate supervisors? ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

My Contact Information:

Name: ______________________________________________________________________
Home address: _______________________________________________________________
Home phone: ________________________________________________________________
Work phone: _________________________________________________________________
Cell phone: __________________________________________________________________
E-mail address: _______________________________________________________________

Signature:

I hereby affirm that the information set forth on all the pages of this form is true and correct.

Signature: ___________________________ Date: ___________________________
### Mailing Addresses and Telephone Numbers

<table>
<thead>
<tr>
<th>County Attorney</th>
<th>Address</th>
<th>City, State ZIP</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apache County Attorney</td>
<td>P. O. Box 637</td>
<td>St. Johns, AZ 85936</td>
<td>928-337-7560</td>
</tr>
<tr>
<td>Mohave County Attorney</td>
<td>P. O. Box 7000</td>
<td>Kingman, AZ 86402</td>
<td>928-753-0719</td>
</tr>
<tr>
<td>Cochise County Attorney</td>
<td>P. O. Drawer CA</td>
<td>Bisbee, AZ 85603</td>
<td>520-432-8700</td>
</tr>
<tr>
<td>Navajo County Attorney</td>
<td>P. O. Box 668</td>
<td>Holbrook, AZ 86025</td>
<td>928-524-4026</td>
</tr>
<tr>
<td>Coconino County Attorney</td>
<td>110 East Cherry Avenue</td>
<td>Flagstaff, AZ 86001</td>
<td>928-779-6518</td>
</tr>
<tr>
<td>Pima County Attorney</td>
<td>32 North Stone Avenue, Suite 1400</td>
<td>Tucson, AZ 85701</td>
<td>520-740-5600</td>
</tr>
<tr>
<td>Gila County Attorney</td>
<td>1400 East Ash Street</td>
<td>Globe, AZ 85501</td>
<td>928-425-3231</td>
</tr>
<tr>
<td>Pinal County Attorney</td>
<td>P. O. Box 887</td>
<td>Florence, AZ 85232</td>
<td>520-866-6271</td>
</tr>
<tr>
<td>Graham County Attorney</td>
<td>800 Main Street</td>
<td>Safford, AZ 85546</td>
<td>928-428-3620</td>
</tr>
<tr>
<td>Santa Cruz County Attorney</td>
<td>2150 North Congress Drive, Suite 201</td>
<td>Nogales, AZ 85621</td>
<td>520-375-7780</td>
</tr>
<tr>
<td>Greenlee County Attorney</td>
<td>P. O. Box 1717</td>
<td>Clifton, AZ 85533</td>
<td>928-865-4108</td>
</tr>
<tr>
<td>Yavapai County Attorney</td>
<td>255 East Gurley</td>
<td>Prescott, AZ 86301</td>
<td>928-771-3344</td>
</tr>
<tr>
<td>La Paz County Attorney</td>
<td>1320 Kofa Avenue</td>
<td>Parker, AZ 85344</td>
<td>928-669-6118</td>
</tr>
<tr>
<td>Yuma County Attorney</td>
<td>250 West 2nd Street, Suite G</td>
<td>Yuma, AZ 85364</td>
<td>928-817-4300</td>
</tr>
<tr>
<td>Maricopa County Sheriff's Office</td>
<td>Please direct complaints to the Maricopa County Sheriff's Office</td>
<td></td>
<td>602-876-5154</td>
</tr>
<tr>
<td>Arizona Attorney General</td>
<td>Attention Investigations</td>
<td>Phoenix, AZ 85007</td>
<td>602-542-5025 -or- 1-800-352-8431 (outside Tucson and Phoenix metro areas)</td>
</tr>
</tbody>
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