ILLINOIS WORKERS' COMPENSATION COMMISSION
COMMISSION REVIEW BOARD COMPLAINT FORM

ATTENTION. Please type or print.

_____ Case # _____ WC _____

Employee/Petitioner

v.

_____

Employer/Respondent

_____

Petitioner's name | Street address | City, State, Zip code

_____

Date of birth | Email address | Last 4 digits of SSN or Alien Reg #

_____

Employer's name | Street address | City, State, Zip code

Briefly explain your complaint:

The Privacy Act of 1979 (P.A. 93-570) prohibits the disclosure of information of a personal nature from the files of individuals without their consent. By signing below, you authorize the IWCC to access any and all records that relate to this complaint.

_____

Signature | Name (printed) | Date