WEST VIRGINIA DIVISION OF LABOR

Request for Investigation Form

Section 1 - Complainant Information Date: _____

Name: _____ Daytime Phone #: _____

Address: _____ Facsimile #: _____
Street Address or P.O. Box

_____ Email Address: _____
City, State, Zip **(Required if requesting notification below)**

Your relationship/concern in this matter is as:

☐ Private Citizen ☐ Representative of _____

☐ Competitor ☐ Other (Describe): _____

Please check if you want notified, via email only, when the initial investigation has been conducted? ☐

Section 2 - Company / Issue to be Investigated:

Please describe the issue you request to be investigated. Remember to include company and/or individual names when applicable and directions to site/location to be investigated. Be specific in your explanation and identify the violation of law alleged:

Section 3 - Office Use Only:

RFI #: _____ County: _____

Type of Investigation:

- ☐ Contractor License
- ☐ Crane Operator Certification
- ☐ HVAC Technician Certification
- ☐ Manufactured Housing License
- ☐ Plumber Certification
- ☐ Undocumented Worker
- ☐ Wage Bonding
- ☐ Other: _____

Directed By: _____

Assigned To: _____

Date Assigned: _____

Section 1 must be completed in full for your complaint to be investigated. Anonymous requests will not be processed. You may send in your complaint via email to ***Licensing@wv.gov*** , via facsimile to (304) 558-5174 or (304) 558-2447 or mail it to the following address:

West Virginia Division of Labor
1900 Kanawha Boulevard East
State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305

Revised 2/13/2020