

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:

- 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