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

Submit Completed Form to: Carolyn Parks, Executive Director,
69 West Washington Suite 900 Chicago, IL 60602 or
email to: Carolyn.Parks@illinois.gov