



South Carolina Department of Labor, Licensing and Regulation  
 Office of Immigrant Worker Compliance  
 P.O. Box 11329  
 Columbia, SC 29211-1329  
 803-896-2606  
 803-896-4393 (fax)  
 immigrantinfo@llr.sc.gov

## Illegal Aliens and Private Employment Complaint Form

*Please attach a copy of any relevant documents or information you have that support your allegation(s). Complaints may be sent via paper mail, electronic mail or fax. Complaints must be in writing and signed. Use black or blue ink. The South Carolina Illegal Immigration Reform Act does not permit the agency to accept anonymous complaints.*

### 1. Contact Information for Complainant

Your First Name	Your Home Phone (____)_____	Your E-Mail Address
_____	_____	_____
Your Last Name	Your Current Work Phone (____)_____	
_____	_____	
Your Mailing Address	Your Current Cell Phone (____)_____	
_____	_____	
City	State	Zip Code
_____	_____	_____

What is Your Relationship to the Employer/Business/Alleged Illegal Worker(s)? \_\_\_\_\_

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### 2. Contact Information for Employer/Business Allegedly Violating the Law

Employer/Business Name	Type of Business	
_____	_____	
Street Address	Telephone (____)_____	
_____	_____	
City	State	Zip Code
_____	_____	_____
Location of Work Site If Different from Employer/Business Address	Number of Workers Employed	
_____	_____	
Name of Owner(s)/Supervisor(s)		
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**3. Name(s) of Alleged Illegal Alien(s) Employed by Employer/Business**

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**What leads you to believe the above individual(s) is (are) not authorized to work in the United States? Be specific and provide a detailed explanation; use a continuation sheet if necessary:**

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**4. The “Illegal Aliens and Private Employment” Chapter of the South Carolina Illegal Immigration Reform Act requires evidence that the employer acted knowingly or intentionally in hiring or continuing to employ an illegal alien. Please list all information you have regarding facts and circumstances that led you to conclude that this employer acted knowingly or intentionally. Be specific; use a continuation sheet if necessary:**

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**5. Employers are required to check the work authorization of newly hired employees using E-Verify, a federal database, or a South Carolina driver’s license/identification card or driver’s license/identification card issued by a state with requirements as strict as those of the South Carolina Department of Motor Vehicles. Do you have information as to whether and how the employer verified the employee(s) you believe is (are) illegal? Please explain in detail; use a continuation sheet if necessary:**

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6. When did you first become aware of the information contained in your complaint?

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How did you become aware of this information?

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*NOTE: If any of the information that you've related in this form is based on the statements of third parties (that is, something you've overheard or were told by someone else), please make sure that you list those individuals below so that these statements can be verified.*

7. Are you aware of any other individuals with relevant information concerning your complaint? Please list their contact information below; attach continuation sheets if necessary:

	Name	Address	Phone
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

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8. Do you now or have you ever worked for this employer? If so, list the date started, date ended and reason for leaving:

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**NOTICE**

**South Carolina Code of Laws, Section 41-8-70: In addition to other penalties provided for by law, a person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both.**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date