

## Changes to Complaint/Apparent Violation Form 8429

<i>Original Line</i>	<i>Change</i>
<b>Part I. Complainant's Information</b>	
8. Explanation of Complaint/Apparent Violation (If additional space is needed, use separate sheet of paper)	<p><i>At the bottom of Item 8, added:</i></p> <p><input type="checkbox"/> <i>I hereby give authorization to:</i>  _____ <i>to act on my behalf regarding</i>  <i>this complaint.</i>  Phone #: _____ <i>Contact</i>  information: _____</p>
<b>Part II. For Official Use Only</b>	
<b>2. Complaint or Apparent Violation?</b>	<p><b>2. Complaint or Apparent Violation Employment Service Related ("X" Appropriate Box(es))</b></p> <p>a. Complaint against the Employer  b. Apparent violation against the Employer  c. Complaint against the Local Employment Service Office  d. Apparent violation against the Employment Service Office</p>
<p><b>3. Complaint or Apparent Violation Employment-Related Law:</b>  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>3. Type of Complaint or Apparent Violation ("X" Appropriate Box(es)):</b></p> <p><input type="checkbox"/> Employment Service Related  <input type="checkbox"/> Job Order No.  <input type="checkbox"/> Against Local Employment Service Office  <input type="checkbox"/> Against Employer  <input type="checkbox"/> Alleged Violation of Employment Service Regulations  <input type="checkbox"/> Employment-Related Law</p>
<b>4. Issue(s) involved in Complaint or Apparent Violation</b>	<p>Added:</p> <p><input type="checkbox"/> Trafficking  <input type="checkbox"/> Sexual harassment/coercion/assault</p>
<p><b>5. If employer is an H-2A/Criteria Employer, is the complainant a:</b>  ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S. Worker  <input type="checkbox"/> H-2A Worker</p>	<p><b>5. H-2A/Criteria Employer</b>  ("X" Appropriate Box(es)):</p> <p><input type="checkbox"/> U.S./Domestic Worker  <input type="checkbox"/> H-2A Worker  <input type="checkbox"/> Wages  <input type="checkbox"/> Transportation</p>

