CNMI DEPARTMENT OF LABOR
ADMINISTRATIVE HEARING OFFICE
1331 Ascencion Dr., PO Box 10007, Saipan MP, 96950 (670) 664-3291 hearing@dol.gov.mp labor.cnmi.gov

COMPLIANCE AGENCY COMPLAINT FORM

Instructions: Complete this form and attach Enforcement's Determination. If you need additional space, please attach a separate sheet.

Case Name: _____ Case #: _____

A. BUSINESS / EMPLOYER INFORMATION

Name of Business Establishment: (Please attach copy of business license)	Name and contact information of Employer:
Name and contact information of designated agent for service of process: (Please attach copy of annual corporation report)	
Company Mailing Address:	Company Location/ Worksite:
Company Phone Number:	Company E-mail:

B. INVESTIGATIVE AND PROCEDURAL HISTORY

1. When did the investigation begin? _____
2. Summarize the investigatory timeline and history. Be sure to identify how the investigation began and dates and findings of each worksite inspection, interview, request/review of documents, and other relevant information.

3. Did Enforcement issue any Notice of Warnings (NOW)? ☐ Yes ☐ No

   If yes, fill in chart below for each NOW issued.

When was the NOW issued?	How was the NOW served?	What were the potential violations listed in the NOW?	Which violation, if any, were NOT timely cured?

C. ALLEGED VIOLATIONS

Identify the type and number of each alleged violation in the chart below. Please ensure the attached determination includes all the relevant facts to demonstrate each violation under the applicable law.

Type	Number
Failure to meet the Participation Objective under 3 CMC § 4525 and NMIAC § 80-20.1-210	
Violation of the Employment Preference requirements	
Improper Reductions in Force under 3 CMC § 4937 and NMIAC §80-20.1-240	
Violation of the Standard Conditions of Employment under 3 CMC § 4931	
Violation of the Employer's prohibitions under 3 CMC § 4963	
Violations of the Safe Workplace Conditions under NMIAC §§ 80-20.1-401 et. seq.	
Violation of the CNMI Minimum Wage and Hour Act under 4 CMC §§ 9211 et. seq.	
Violation of the Citizen or Permanent Resident Worker Fair Compensation Act under 4 CMC §§ 9501 et. seq. and NMIAC §80-21.1-245 et. seq.	
Failure to keep, maintain or submit required records under NMIAC § 80-20.1-425 and NMIAC §80-20.1-501	
Failure to keep, maintain, or submit Quarterly Compliance Documents under NMIAC § 80-20.1-505 and NMIAC § 80-20.1-510	
Other:	

D. REQUEST FOR RELIEF

Indicate the relief you are requesting. If you are requesting a specific amount in damages, fines, penalties, or sanctions, please show how that amount was calculated. If you need additional space, please continue on a separate sheet and attach to this form.

CERTIFICATION & SIGNATURE

I certify that the information provided with this Complaint and any attachments are true and accurate to the best of my knowledge. I further certify that there is no frivolous or improper reason for filing, including but not limited to, delay or harassment. I understand that the Complaint and attached documents become a public record and will be used to initiate legal proceedings within the Department of Labor. I understand that I will be required to prove my claim during an administrative hearing.

_____ _____

Investigator (Print and Sign Name) Date

_____ _____

Enforcement Director (Print and Sign Name) Date

This space is for internal use only

Documents attached w/ Complaint:

☐Enforcement Determination
☐Government Identification
☐Employment Authorization Document*
☐Employer Business License*
☐Employer Annual Corporation Report*
☐Additional Statement(s) / Affidavits
☐Employment Contract
☐Employee Handbook
☐Time sheets/ Pay stubs
☐Job Vacancy Announcement
☐Employer Notices or Correspondence
☐Other Supporting Documents