



**ALL THE INFORMATION IN THIS FORM IS CONFIDENTIAL
AND WILL NOT BE SHARED WITH FACTORY MANAGEMENT**

FAIR LABOR ASSOCIATION (FLA) THIRD PARTY COMPLAINT FORM

This form is to register a complaint with the FLA, whether it be a labor problem or a Code of Conduct violation in a factory. For all questions, please provide as much information and details as possible. It is not necessary to complete every section. Feel free to attach any supporting information about the issue in the factory.

1. Today's Date _____

2. Factory Information:

Factory Name _____

Factory Address _____

Factory Telephone Number _____

3. Factory Location:

City/Town _____

State/Province _____

Country _____

4. Personal Information:

Name _____

Organization Name (if applicable) _____

Address _____

Phone Number _____

Email Address (if available)

Check this box if you would like this complaint to remain confidential.

5. Explain the labor problem or Code of Conduct violation that happened in the mentioned factory, with as much detail as possible. Feel free to attach any additional information.

6. When did this problem occur? Please provide dates or periods of time, if possible.

7. Have you reported this issue to the factory, a buyer, the local labor authority, a union, an NGO, or another organization? If so, what was the result?

8. [Optional]

Witness Information:

Is there another person who was present for, experienced, or knows of the labor problem outlined in this form that the FLA could contact? If so, please provide their name, phone number, and any other available contact information.

Name _____

Address _____

Phone Number _____

Email Address (if available) _____

9. Additional comments or recommendations:

10. Signature _____

11. Name (in print) _____

12. Date _____

Where should I send this form?

You can send claims to the FLA via mail, phone, fax, email, or through our website. Please send to the attention of:

Eric Biel
Senior Advisor
TPC@fairlabor.org

Fair Labor Association
1111 19th Street NW
Washington, DC 20036
Tel. +1-202-898-1000
Fax. +1-202-898-9050
www.fairlabor.org

FOR FLA USE ONLY:

Complaint received by:

Name _____

Signature _____

Date _____

Comments:

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