



Verification of Work Authorization Complaint Form Instructions

Any person with a good faith belief that an employer has not verified the work authorization of an employee through E-Verify pursuant to N.C. Gen. Stat. § 64-26, or that a violation of N.C. Gen. Stat. § 143-133.3 has occurred, may file a complaint with the Commissioner of Labor.

The attached form may be used to file such a complaint in writing. You may either mail, email, or fax the completed form to or mail it to:

N.C. Department of Labor
Attn: E-Verify Complaints
1101 Mail Service Center, Raleigh, NC 27699-1101
1-888-733-9389 (fax)
dol.whcomplaints@labor.nc.gov

You may also file a complaint verbally by contacting the N.C. Department of Labor at 1-800-625-2267, at which time you will need to provide the information requested on the attached form.

Please note that NCDOL does not have jurisdiction with regards to E-Verify over state/local government agency employees or municipal employees and will not be able to accept complaints against these entities.

The definition of employee in North Carolina E-Verify law does not include an individual whose term of employment is less than nine months in a calendar year. **Additionally, private employers with 24 or fewer employees are not required to use E-Verify.**

Chapter 64, Article 2 of the N.C. General Statutes prohibits NCDOL from accepting complaints against the following:

- (1) State/local government agencies related to their employees;
- (2) Municipalities related to their employees; and/or
- (3) Private employers with 24 or fewer employees.

Subject to the exemptions set forth above, Chapter 64, Article 2 of the N.C. General Statutes requires the use of E-Verify for all new hires for employers that employ 25 or more employees.



Wage and Hour Bureau Verification of Work Authorization Complaint Form

Please complete all sections of this form to the best of your knowledge. Incomplete information may lead to the dismissal of a complaint. The law does not prohibit anonymous complaints; however, your contact information is helpful in case there are additional questions.

If you wish for your complaint to be considered anonymous, please fill in only the Employer/Business Information and Verification of Work Authorization Complaint portion of this form. PLEASE PRINT CLEARLY.

In accordance with N.C. Gen. Stat. § 64-28(b), a person who knowingly files a false or frivolous complaint is guilty of a Class 2 misdemeanor. Pursuant to N.C. Gen. Stat. § 64-29(b), complaints that are based solely on race, religion, gender, ethnicity, or national origin will not be investigated.

Complainant Contact Information

Check here if complaint is being filed anonymously and skip to
Employer/Business Information and Complaint Information

Complainant First Name

Complainant Last Name

Mailing Address (include city, state, zip)

Phone Number

Phone Number

Email Address

Employer/Business Information

Information below must be completed in full. Incomplete forms are subject to dismissal.
Only businesses located in North Carolina shall be noted.

Name of Business

Employer/Contact Person

Physical Street Address

City

Zip

Mailing Address (if different from above)

City

Zip

Phone Number

Phone Number

Email Address

Verification of Work Authorization Complaint

It is my good faith belief that

_____ has violated
the provision of:

- ☐ N.G. General Statute § 64-26 as an employer by failing to verify the work authorization of _____ through E-Verify (*attached an additional sheet, if necessary*); or
- ☐ N.C. General Statute § 143-133.3 as a state agency or political subdivision, by failing to require in the terms of the contract that a contractor or subcontractor comply with the requirements of Article 2 of Chapter 64 of the General Statutes.

Please note what specific information leads you to believe that a violation of N.C. Gen. Stat. § 64-26 or N.C. Gen. Stat. § 143-133.3 has occurred. *Note: Information provided as a basis for this complaint must be reasons other than race, ethnicity, religion, gender, or national origin as complaints based solely on these criteria will not be investigated. Additionally, complaints will not be accepted against (1) an employer that employs fewer than 25 employees; and/or (2) that are based solely upon an employee who was hired prior to the effective date of N.C. Gen. Stat. § 64, Article 2.*

Please provide any additional information which you consider relevant to your complaint.

I hereby affirm that the information I have provided above is true and correct. I further understand that knowingly filing a false and frivolous complaint is a Class 2 misdemeanor. (*Signature not required if filing anonymously*).

Signature: _____ Date: _____

Print Name: _____ ☐