H-1B Nonimmigrant Information Form

U.S. Department of Labor
Employment Standards Administration

ESA Form WH-4
OMB Approval: 1205-0310
Expiration Date: 08/31/2007

This report is authorized by 8 U.S.C. 1182(n)(2)(G)(ii) of the American Competitiveness and Workforce Improvement Act (ACWIA) of 1998. The information provided on this form will assist the Department of Labor in determining whether the named employer of H-1B nonimmigrants has committed a violation of provisions of the H-1B program. Your identity will be kept confidential to the fullest extent provided by law. Please provide as much of the requested information as possible. Attach additional sheets if you need additional space to respond to a question. If you do not understand a term, or need assistance in the completion of this form, please contact the local Wage and Hour office of the U.S. Department of Labor. After you submit the form, a representative from the Department of Labor may contact you if further information is necessary to initiate an investigation.

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1. **Person Submitting Information** *(please print)*

Mr., Miss, Mrs., Ms. _____
First Name Middle Initial Last Name

Current Address: _____
Number, Street, Apt, or P.O. Box No.

_____
City, State, ZIP Code

Telephone Number: *(including area code)* _____

Days/Times When You Can be Reached at that Number: _____

E-Mail Address (optional): _____

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2. **Nature of Source's Relationship to Employer;** (*Please check all that apply*)

(a) ☐ H-1B Nonimmigrant Employee

☐ Former or ☐ Current Employee *(dates of employment):* _____

(b) ☐ U.S. Worker

☐ Former or ☐ Current Employee *(dates of employment):* _____

(c) ☐ Job Applicant *(date of application):* _____

(d) ☐ Competitor Business *(please specify):* _____

(e) ☐ Federal Government Agency *(please specify):* _____

(f) ☐ State or Local Government Agency *(please specify):* _____

(g) ☐ Community or Service Organization *(please specify):* _____

(h) ☐ Other *(please specify):* _____

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3. **Information on H-1B Employer Committing Alleged Violation**

Name of Employer/Company: _____

Address: _____
Number, Street City State ZIP Code

Employer Representative to be Contacted: _____

Telephone Number *(including area code)*: _____

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4. **Description of Alleged H-1B Violations**

Please check the appropriate box(es), (a) through (q), which best describe the violation of the H-1B provisions of the Immigration and Nationality Act which you believe have occurred. In section 8, identify each item checked and describe, in as much detail as possible, the facts and circumstances which cause you to believe that violations have occurred.

(a) ☐ Employer supplied incorrect or false information on the Labor Certification Application (LCA).

(b) ☐ Employer failed to pay H-1B worker(s) the higher of the prevailing or actual wage.

(c) ☐ Employer failed to pay H-1B worker(s) for time off due to a decision by the employer (e.g., for lack of work) or for time needed by the H-1B worker(s) to acquire a license or permit.

(d) ☐ Employer made illegal deductions from H-1B worker's wages (e.g., for H-1B petition processing; for food and housing expenses while the worker Is traveling on employer's business; for tools and equipment necessary to perform employer's work).

(e) ☐ Employer failed to provide fringe benefits to H-1B worker(s) equivalent to those provided to U.S. worker(s) (e.g., cash bonuses, stock options, paid vacations and holidays, health benefits, insurance, retirement and savings plans).

(f) ☐ Employer does not afford H-1B worker(s) working conditions (hours, shifts, vacation periods) on the same basis as it does U.S. worker(s), or the employment of H-1B worker(s) adversely affects the working conditions of U.S. worker(s).

(g) ☐ Employer failed to comply with "no strike/lockout" requirement by: 1) placing or contracting out H-1B worker(s) during the validity period of the LCA to any place of employment where there is a labor dispute; 2) failing to notify the DOL, within 3 working days of the occurrence, of such a labor dispute; or 3) using an LCA for H-1B worker(s) to work at a site before the DOL has determined that a labor dispute has ended.

(h) ☐ Employer failed to provide employees or their collective bargaining representative, either by hard copy posting or electronically, notice of its intentions to hire H-1B worker(s), **or** has failed to provide H-1B worker(s) with a copy of the LCA.

(i) ☐ Employer required H-1B worker(s) to pay all or any part of $500/$1000 filing fee.

(j) ☐ Employer imposed an illegal penalty on H-1B worker(s) for ceasing employment with the employer prior to a date agreed upon by the worker and employer.

(k) ☐ Employer retaliated or discriminated against an employee, former employee, or job applicant for disclosing information, fling a complaint, or cooperating in an investigation or proceeding about a violation of the H-1B laws and regulations (i.e., whistleblower).

(l) ☐ Employer failed to maintain and make available for public examination the LCA and necessary documents at the employer's principal place of business or worksite.

(m) ☐ Employer laid off U.S. worker(s) and has replaced or seeks to replace U.S. worker(s) with H-1B worker(s) within 90 days before or after filing H-1B visa petitions.

(n) ☐ Employer placed H-1B worker(s) at another employer's worksite where U.S. workers have been laid off, and/or has failed to inquire of the second employer whether it has or intends to lay-off U.S. worker(s) and replace them with H-1B worker(s).

(o) ☐ Employer failed to recruit U.S. worker(s) for jobs for which H-1B worker(s) are sought.

(p) ☐ Employer failed to hire a U.S. worker who applied and was equally or better qualified for the job for which the H-1B worker was sought. Complaints regarding this violation should be filed with the U.S. Department of Justice, 10th and Constitution Ave., N.W., Washington, D.C., 20530.

(q) ☐ Other _____

_____

5. Date(s) of Alleged Violation(s): _____

6. Location of Worksite(s) where Alleged Violation(s) occurred: _____

7. Basis of Knowledge of Alleged Violation(s): _____

8. Description of facts and circumstances which support allegations in items 4 (a) through (q). Use additional sheets of paper, if necessary.

FOR DOL USE ONLY

Complaint Received/Taken by: _____ Date: _____

Source of Complaint is: ☐ Aggrieved Party ☐ Credible information source

Public Burden Statement: We estimate it will take an average of 20 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Wage and Hour Division, Room S-3502. 200 Constitution Avenue, N.W., Washington, D.C. 20210.