

## Do you have the right form?

If you are a janitor, security guard, hotel or motel housekeeper, or room service attendant who performs work in an area where two or more coworkers are unable to immediately respond to an emergency without being summoned or you spend at least 50% of your working hours without another coworker present, and believe your employer violated a requirement of [RCW 49.60.515](#), use this form to file a complaint about your employer failing to:

- Adopt a sexual harassment policy.
- Train isolated employees and their supervisors/managers on sexual harassment prevention or use of panic buttons.
- Provide a list of sexual harassment and assault prevention resources to isolated employees.
- Provide a panic button or document mandatory training or use of panic buttons.
- Submit required reporting data to Labor & Industries.
- Retaliation.

If your complaint is about something else, see the [Complaint Guide](#) for what form to complete.

All Isolated Employees in Washington, regardless of immigration status, have a legal right to file an Isolated Employee Complaint Form. We can investigate complaints beginning January 1, 2026. Learn more about your rights at: [www.Lni.wa.gov/worker-rights/workplace-policies/isolated-worker-protections](http://www.Lni.wa.gov/worker-rights/workplace-policies/isolated-worker-protections).

## Tips for completing this form

- Try to not skip any questions. Fill out the form clearly and completely. The more information you can give us, the faster we can help you.
- Send us any documentation you have to support your complaint. Examples include: panic button information, written communications with your employer, company sexual harassment policy/training material, or even your personal records.

## After you file your complaint, we will:

- Contact you to let you know we have received your complaint. We may ask you for more information before we can start the investigation.
- Contact the employer. L&I will tell the company that you filed an Isolated Employee Complaint Form and send a copy of your complaint.
- Investigate your complaint.

## Complaints we cannot help with:

Allegations you are claiming occurred before the effective date of the law – January 1, 2026.

If you are being assisted with your complaint by a lawyer or advocate, please notify the investigating agent.

Employment Standards  
360-902-5316 or 1-866-219-7321

For L&I Use Only
Complaint #

## A. My Information

Preferred Language:				
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese Simplified	<input type="checkbox"/> Chinese Traditional
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other:	
Name (As it appears on your ID – First Last Name)				
Mailing Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address		
Secondary Contact Name		Secondary Contact Phone Number		

## B. Employer Information

Employer Name (Business Name)	Employer Contact (Owner, Manager, or Supervisor) Name
Employer Phone Number	Employer Email Address
Address Where Violation Occurred	City State Zip Code
Employer Type:	
<input type="checkbox"/> Hotel or Motel Entity	<input type="checkbox"/> Retail Entity
<input type="checkbox"/> Security Guard Entity	<input type="checkbox"/> Property Services Contractor

## C. Details Supporting Your Complaint

Have you worked for this employer?	If so, when did you last work for this employer?
Complaint Period Start Date	Complaint Period End Date

Check all that apply:

<input type="checkbox"/> Failure to adopt sexual harassment policy.
<input type="checkbox"/> Failure to train isolated employees & their managers/supervisors on sexual harassment policy or use of panic buttons within the required timeframe.
<input type="checkbox"/> Failure to provide a list of sexual harassment & assault prevention resources to an isolated worker.
<input type="checkbox"/> Failure to provide a panic button to an isolated employee.
<input type="checkbox"/> Failure to document completion of mandatory training on sexual harassment policy or use of panic buttons.
<input type="checkbox"/> Failure to submit required reporting data to Labor & Industries.
<input type="checkbox"/> Retaliation.

Tell us in detail why you are filing this complaint and why you believe this organization violated [RCW 49.60.515](#).

What relevant records are you able to provide to support your complaint? You can either attach copies of your records or submit them later to L&I.

- Electronic communication between employee and employer.
- Employer's sexual harassment policy/training documentation.
- Panic button information.
- Termination documentation.
- Personal compensation records.
- Other:

## D. Signature

- By submitting this form, I am confirming the information provided is accurate and true. I am also agreeing to cooperate and communicate with my assigned investigator. My name on this form constitutes my signature.

\_\_\_\_\_  
Signature (Print or Type)

\_\_\_\_\_  
Date

## Next Steps:

1. Review the form. Make sure the information is as complete & accurate as possible. Keep a copy for yourself.
2. Submit your form – you can mail, email, or drop off your completed form to your location L&I office. Need help finding your local office? Visit: [www.Lni.wa.gov/Offices](http://www.Lni.wa.gov/Offices).

Mail to:

Department of Labor & Industries  
Employment Standards Program  
PO Box 44510  
Olympia WA 98504-4510

Email: [IsolatedWorkers@Lni.wa.gov](mailto:IsolatedWorkers@Lni.wa.gov)