Inter-Agency MSFW Referral Form

Observer

Agency / Organization

Contact Name

Phone

Email

Observation / Housing Location

Camp ID / Name or Field Name / Location

Street

City, State, Zip

County / Township / Section

Employer / Housing Owner

Business / Company

Contact Name

Street

City, State, Zip

Phone

Type of Referral

- ☐ Housing Conditions / Occupancy
- ☐ Field Sanitation / Work Conditions
- ☐ Wage Issues
- ☐ Child Labor
- ☐ Discrimination Housing
- ☐ Discrimination Employment
- ☐ Human Trafficking
- ☐ Crew Leader Issues
- ☐ Other- describe below

Site Details

Observation Date / Time

Number of Agricultural Workers

Home State(s)

Total Housing Occupants

5 or more migrant ag workers (mm/dd/yy)

English Speaking (Yes, Some, No)

Total Employees Present

Number of Children Under 12

Description of Problem / Hazards Observed