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or to file a complaint: 1-866-487-9243 TTY: 1-877-889-5627 dol.gov/agencies/whd 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; 2. has been advised by a health care provider to self-quarantine related to COVID-19; 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;