



## COMPLAINT FORM – PUBLIC WORKS/PREVAILING WAGE APPRENTICESHIP UTILIZATION ACT

### 1. FULL NAME AND ADDRESS OF PERSON FILING COMPLAINT

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you represent a third-party organization?      Yes  No

### 2. PROJECT INFORMATION

Name of the Awarding Body: \_\_\_\_\_

Name of the Project: \_\_\_\_\_

Public Works Project Number (PWP #)/Contract #/Other #: \_\_\_\_\_

### 3. PERSON ALLEGED TO HAVE COMMITTED THE VIOLATION

Name of Prime/General Contractor: \_\_\_\_\_

\_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other Information: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

Name of Subcontractor: \_\_\_\_\_  
\_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other Information: \_\_\_\_\_

**EMPLOYER/OTHER ENTITY INFORMATION (If not Prime/General Contractor or Subcontractor)**

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other Information: \_\_\_\_\_

**3. BASIS FOR COMPLAINT**

Nonpayment of Prevailing Wage

Nonpayment of Overtime for Prevailing Wage

Nonpayment of Premium Pay for Prevailing Wage

Nonpayment of Fringe Benefits for Prevailing Wage

Violation of the Apprenticeship Utilization Act

Violation of Apprentice Ratios

Other



**7. EVIDENCE/DOCUMENTATION/INFORMATION SUPPORTING COMPLAINT**

Certified Payroll Reports

Bidding Documents

Paychecks/Paystubs

Job Site Reports

Witness Statements

Photos/Video

Other: \_\_\_\_\_  
\_\_\_\_\_

**8. CERTIFICATION & SIGNATURE**

I hereby certify that the facts alleged in the complaint are true to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

**9. SERVICE**

Submit an original and 1 copy of the complaint to the Labor Commissioner with a certificate of service attached.

Serve a copy of the complaint upon the person alleged to have committed the violation by:

- (1) Personal service; or
- (2) Regular mail.