

PREVAILING WAGE COMPLAINT

All complainants, please fill this form out completely.

PROJECT INFORMATION		DO NOT WRITE IN THIS AREA	
Project Name:		Approval	Case No.
Project Address:		Project County	Project Investigator
City:		Contractor County	Contractor Investigator
ZIP:	County:	PA County	PA Investigator

Project: Completed (Over 2 years ago Less than 2 years ago) On going New construction Reconstruction, Alteration, or Repair

CONTRACTOR INFORMATION <small>List name of contractor complaint is against in Name(1)</small>				
Name (1):		Address:		
City:	State:	ZIP:	County:	Telephone: ()
<input type="checkbox"/> General <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor If Subcontractor, list name and address of General/Prime in name (2)				
Name (2):		Address:		
City:	State:	ZIP:	County:	Telephone: ()

COMPLAINANT INFORMATION				
Name:		Address:		
City:	State:	County:	Telephone: ()	
Other telephones where you can be reached:				
COMPLAINT STATUS			REASON FOR FILING COMPLAINT	
<input type="checkbox"/> Employee	SS# _____	<input type="checkbox"/> Prevailing wage not paid	<input type="checkbox"/> Wages not paid	
<input type="checkbox"/> Former employee	SS# _____	<input type="checkbox"/> Fringe Benefits not paid	<input type="checkbox"/> Overtime	
<input type="checkbox"/> Prevailing Wage Coordinator		<input type="checkbox"/> Misclassifications		
<input type="checkbox"/> *Interested Party		Attach any information that will assist our investigative efforts		
<p>*To allege Interested Party status you MUST attach with the complaint sufficient evidence that you have either bid on the public improvement or are a subcontractor of a bidder, labor organization representing current employees of a bidder, or association which presently has any of the above named persons as members. R.C. Sec.4115.03(F)</p>				

Enclose sufficient evidence to justify your complaint. See instruction page, Item 4.C.

Work Classification (Apprentices show level/year)	Hourly Rate Paid?	P.W. Rate	Dates worked From _____ To _____	Total hours on project Reg. _____ O.T. _____																								
YES NO <input type="checkbox"/> <input type="checkbox"/> Were you paid time and 1/2 for hours worked over 40 per week? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of job classification? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of Prevailing Wage Rate? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of name of Prevailing Wage Coordinator? <input type="checkbox"/> <input type="checkbox"/> Were certified payroll reports filed to the Public Authority?	What Fringe Benefits were paid by the company? <input type="checkbox"/> None <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">FRINGE</td> <td style="width:50%; border: none;">AMOUNT</td> <td style="width:50%; border: none;">FRINGE</td> <td style="width:50%; border: none;">AMOUNT</td> </tr> <tr> <td><input type="checkbox"/> Health Insurance _____</td> <td></td> <td><input type="checkbox"/> Life Insurance _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid Vacation _____</td> <td></td> <td><input type="checkbox"/> Paid Holidays _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid Sick Leave _____</td> <td></td> <td><input type="checkbox"/> Pension _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bonus _____</td> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Training _____</td> <td></td> <td></td> <td></td> </tr> </table>				FRINGE	AMOUNT	FRINGE	AMOUNT	<input type="checkbox"/> Health Insurance _____		<input type="checkbox"/> Life Insurance _____		<input type="checkbox"/> Paid Vacation _____		<input type="checkbox"/> Paid Holidays _____		<input type="checkbox"/> Paid Sick Leave _____		<input type="checkbox"/> Pension _____		<input type="checkbox"/> Bonus _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Training _____			
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<input type="checkbox"/> Bonus _____		<input type="checkbox"/> Other _____																										
<input type="checkbox"/> Training _____																												
List names of employees you worked with on this project:		Hours worked recorded by: <input type="checkbox"/> time card / sheet <input type="checkbox"/> called into office <input type="checkbox"/> recorded by foreman <input type="checkbox"/> other																										

PUBLIC AUTHORITY INFORMATION				
Public Authority Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ()
Prevailing Wage Coordinator Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ()
Type of funding: <input type="checkbox"/> Public funds <input type="checkbox"/> IRB <input type="checkbox"/> Other (attach explanation)		Project Dates: From _____ To _____		
Were Prevailing Wage Rates issued? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Issued:	Rates posted at project site? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SIGNATURE AND NOTARY		Complaints will be returned if not complete, signed, and notarized.	
Affiant is further informed that Section 2921.13 of the Ohio Revised Code provides a penalty of a misdemeanor of the first degree and that prosecution will be pursued of those persons who "knowingly swear or affirm the truth of a false statement when..... the statement is sworn or affirmed before a notary public..." Sworn to before me and subscribed by the said: _____ in my presence this _____ day of _____, 19 _____ _____ Notary Public		I hereby certify that this is a true statement to the best of my knowledge and belief. _____ Signature Date	
		Return to: Ohio Department of Commerce Wage and Hour Division 50 West Broad Street, 28th Floor Columbus, Ohio 43215 614-644-2239 www.com.state.oh.us	