

## PREVAILING WAGE COMPLAINT

Division of Industrial Compliance & Labor John R. Kasich, Governor David Goodman, Director

PROJECT INFORMATION					DO NOT WRITE IN THIS AREA				
Project Name:		CASE NO.							
Project Address:				Approved					
City:				Rejected	□Yes				
ZIP: County:				Denied	□Yes	□No			
		-		Contractor			Investigate	or	
							Assigned:		
Project: □ Ongoing □ New Construction □ Reconstruction, Alteration or Repair □ Completed (□ Over 2 years ago □ Less than 2 years ago)□ Prior to 9/29/11									
INCOMPLETE COMPLAINT FORMS WILL BE RETURNED									
PUBLIC AUTHORITY INFORMATION									
Public Authority Name:			Address:				Website/Email Address:		
City:	State:		Zip:	Coun	County:			Telephone:	
Prevailing Wage Coordinator Name:			Address: :	l	<u>I</u>			Website/Email Address:	
City:	State:		Zip:	Coun	County:			Telephone:	
Type of funding: □ Public Fun	ch explanation)	Project Dates: From:/ To:							
Were Prevailing Wage Rates issued? ☐ Yes ☐ No				Date Issued:/ Rates posted Certified Payrolls Filed? □ Yes □ No			at project site: □ Yes □ No		
			<u>'</u>	-					
CONTRACTOR INFORM	ATION		tractor complaint is	against in Na	ıme(1)				
Name (1):		<i>F</i>	Address:						
City:	State:		Zip:		County:			Telephone: ( )	
Email / Website:	Email / Website:								
□General □ Prime □ Subcontractor If Subcontractor, list no				name and address of General/Prime in name (2)					
Name (2):		A	Address: :						
City:	State:		Zip:		County:			Telephone:	
Email / Website:					l.	\ \ /			
<b>COMPLAINANT INFORM</b>	IATION								
Name:		Ad	Address:						
City:	State:	Zi	p:		County:		T (	elephone:	
Other phone #'s:		l .	Email:	1			1 (	,	
COMPLAINT STATUS:			ALL PARTIES MUST ALEDGE A SPECIFIC COMPLAINT AND PROVIDE SUFFICIENT						
□ Employee				□ Prevailing wage not paid □ Wages not paid					
□ Former Employee			□ Fringe Be	□ Fringe Benefits not paid □ Overtime					
□ Prevailing Wage Coordinator			□ Misclassi	□ Misclassifications □ CPR Incorrect/missing information					
□ *Interested Party				□ No CPR's filed  Attach any information that will substantiate your claim					
*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 or 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)									

Enclose sufficient evidence to justify each reason selected on your complaint INCOMPLETE OR UNSUBSTANTIATED COMPLAINTS MAY BE RETURNED

Work Classification(s) (Apprentices show level/year)						
Hourly Rate Paid?	P.W Rate:					
Total hours on project: Regular Hours OT Hours	Dates Worked: From// To/					
YES NO  Were you paid time and ½ for hours worked over 40 per week?  Did employer provide written notice of job classification?  Did employer provide written notice of Prevailing Wage Rate?  Did employer provide written notice of name of the Prevailing Wage Coordinator?  Were you threatened, intimidated, or coerced into giving up any of your pay?  Hours worked recorded by:  time card / sheet	What Fringe Benefits did the company pay?   FRINGE AMOUNT FRINGE AMOUNT  Health Insurance  Paid Vacation  Paid Holidays  Paid Sick Leave  Pension  Bonus  Training   List names of employees you worked with on this project:					
ADDITIONAL COMMENTS TO ASSIST IN THE INVESTIGA	TION:					
SIGNATURE AND NOTARY	Complaints will be returned if not complete, substantiated or signed					
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 against those persons who "knowingly swear and affirm the truth of a false statement whenthe statement is sworn or affirmed before	I hereby certify that this is a true statement to the best of my knowledge and					
a notary public"	Signature Date					
Sworn to before me and subscribed by the said:	Return to:					
in my presence thisday of, 20Notary Public	Ohio Department of Commerce Division of Industrial Compliance Bureau of Wage & Hour Administration P.O. Box 4009, 6606 Tussing Road Reynoldsburg, Ohio43068-9009					
	TTY/TDD: 1-800-750-0750					