



Department of Commerce

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

PREVAILING WAGE COMPLAINT

PROJECT INFORMATION		DO NOT WRITE IN THIS AREA	
Project Name:		CASE NO. _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Rejected <input type="checkbox"/> Yes <input type="checkbox"/> No Denied <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor County: _____	Investigator Assigned: _____
Project Address:			
City:			
ZIP:	County:		

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:	County:	Telephone: ()	
Prevailing Wage Coordinator Name:		Address: :		Website/Email 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	
		Certified Payrolls Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONTRACTOR INFORMATION <small>List name of contractor complaint is against in Name(1)</small>					
Name (1):		Address:			
City:	State:	Zip:	County:	Telephone: ()	
Email / Website:					
<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: ()	
Email / Website:					

COMPLAINANT INFORMATION					
Name:		Address:			
City:	State:	Zip:	County:	Telephone: ()	
Other phone #'s:			Email:		
COMPLAINT STATUS:			ALL PARTIES MUST ALEDGE A SPECIFIC COMPLAINT AND PROVIDE SUFFICIENT EVIDENCE FOR EACH REASON SELECTED FOR FILING THE COMPLAINT		
<input type="checkbox"/> Employee			<input type="checkbox"/> Prevailing wage not paid <input type="checkbox"/> Wages not paid		
<input type="checkbox"/> Former Employee			<input type="checkbox"/> Fringe Benefits not paid <input type="checkbox"/> Overtime		
<input type="checkbox"/> Prevailing Wage Coordinator			<input type="checkbox"/> Misclassifications <input type="checkbox"/> CPR Incorrect/missing information		
<input type="checkbox"/> *Interested Party			<input type="checkbox"/> 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

