



Department of Commerce

Division of Industrial Compliance
 John R. Kasich, Governor
 Jacqueline T. Williams, 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: <input type="checkbox"/> Ongoing <input type="checkbox"/> New Construction <input type="checkbox"/> Reconstruction, Alteration or Repair <input type="checkbox"/> Completed (<input type="checkbox"/> Over 2 years ago <input type="checkbox"/> Less than 2 years ago) <input type="checkbox"/> 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 <u>EACH REASON SELECTED</u> 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

