



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:
Project Address:
City:
ZIP: County:
CASE NO.
Approved Rejected Denied
Contractor County:
Investigator 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: County: Telephone:
Prevailing Wage Coordinator Name: Address: Website/Email Address:
City: State: Zip: County: Telephone:
Type of funding: Public Funds IRB Other
Project Dates: From: To:
Were Prevailing Wage Rates issued? Yes No
Date Issued: Certified Payrolls Filed? Yes No
Rates posted at project site: Yes No

CONTRACTOR INFORMATION List name of contractor complaint is against in Name(1)
Name (1): Address:
City: State: Zip: County: Telephone:
Email / Website:
General Prime 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:
Employee Former Employee Prevailing Wage Coordinator *Interested Party
ALL PARTIES MUST ALEDGE A SPECIFIC COMPLAINT AND PROVIDE SUFFICIENT EVIDENCE FOR EACH REASON SELECTED FOR FILING THE COMPLAINT
Prevailing wage not paid Wages not paid
Fringe Benefits not paid Overtime
Misclassifications CPR Incorrect/missing information
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

