



# 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: _____	<b>Investigator Assigned:</b> _____
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 <b><u>EACH REASON SELECTED</u></b> FOR FILING THE COMPLAINT		
<input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Prevailing Wage Coordinator <input type="checkbox"/> *Interested Party		<input type="checkbox"/> Prevailing wage not paid <input type="checkbox"/> Fringe Benefits not paid <input type="checkbox"/> Misclassifications <input type="checkbox"/> No CPR's filed		
		<input type="checkbox"/> Wages not paid <input type="checkbox"/> Overtime <input type="checkbox"/> CPR Incorrect/missing information		
<b>Attach any information that will substantiate your claim</b>				

\*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? \_\_\_\_\_

Total hours on project: \_\_\_\_\_ Regular Hours \_\_\_\_\_ OT Hours

P.W Rate: \_\_\_\_\_

Dates Worked: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

YES NO

- Were you paid time and 1/2 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?

What Fringe Benefits did the company pay?  None

- | 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         | _____  |   |        |

Hours worked recorded by:

- time card / sheet      called into office
- recorded by foreman    other

List names of employees you worked with on this project:

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS TO ASSIST IN THE INVESTIGATION:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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 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 \_\_\_\_\_, 20

\_\_\_\_\_ 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  
Division of Industrial Compliance  
Bureau of Wage & Hour Administration  
P.O. Box 4009, 6606 Tussing Road  
Reynoldsburg, Ohio 43068-9009

**614-644-2239**  
**TTY/TDD: 1-800-750-0750**  
www.com.ohio.gov