



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 status options.

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, Project Dates, Were Prevailing Wage Rates issued, Date Issued, Rates posted at project site.

CONTRACTOR INFORMATION
Name (1), Address, City, State, Zip, County, Telephone, Email / Website, General / Prime / Subcontractor, 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.

*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

