

**PREVAILING WAGE COMPLAINT**

*All complainants, please fill this form out completely.*

PROJECT INFORMATION		DO NOT WRITE IN THIS AREA	
Project Name:		Approval	<b>Case No.</b>
Project Address:		Project County	Project Investigator
City:		Contractor County	Contractor Investigator
ZIP:	County:	PA County	PA Investigator
Project: Completed ( <input type="checkbox"/> Over 2 years ago <input type="checkbox"/> Less than 2 years ago) <input type="checkbox"/> On going <input type="checkbox"/> New construction <input type="checkbox"/> Reconstruction, Alteration or Repair			

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

COMPLAINANT INFORMATION				
Name:		Address:		
City:	State: Z	ip:	County:	Telephone: ( )
Other phone #'s:		Email:		
<b>COMPLAINT STATUS:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Former employee <input type="checkbox"/> Prevailing Wage Coordinator <input type="checkbox"/> *Interested Party		<b>REASON FOR FILING COMPLAINT</b> <input type="checkbox"/> Prevailing wage not paid <input type="checkbox"/> Wages not paid <input type="checkbox"/> Fringe Benefits not paid <input type="checkbox"/> Overtime <input type="checkbox"/> Misclassifications <input type="checkbox"/> CPR Incorrect/missing info <input type="checkbox"/> No CPR's filed <b>Attach any information that will assist our investigative efforts</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 of 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 your complaint. See instruction page, Item 4.C.**

Work Classification      H (Apprentices show level/year)	Hourly Rate Paid?	P.W. Rate	Dates Worked From ____ To ____	Total hours on project Reg. ____ O.T. ____																								
YES NO <input type="checkbox"/> <input type="checkbox"/> Were you paid time and ½ for hours worked over 40 per week? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of job classification? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of Prevailing Wage Rate? <input type="checkbox"/> <input type="checkbox"/> Did employer provide written notice of name of Prevailing Wage Coordinator? <input type="checkbox"/> <input type="checkbox"/> Were certified payroll reports filed to the Public Authority?		What Fringe Benefits were paid by the company? <input type="checkbox"/> None  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">FRINGE</td> <td style="width:25%;">AMOUNT</td> <td style="width:25%;">FRINGE</td> <td style="width:25%;">AMOUNT</td> </tr> <tr> <td><input type="checkbox"/> Health Insurance</td> <td>_____</td> <td><input type="checkbox"/> Life Insurance</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Paid Vacation</td> <td>_____</td> <td><input type="checkbox"/> Paid Holidays</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Paid Sick Leave</td> <td>_____</td> <td><input type="checkbox"/> Pension</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Bonus</td> <td>_____</td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td>_____</td> <td></td> <td></td> </tr> </table>			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	_____		
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	_____																											
List names of employees you worked with on this project: _____ _____		Hours worked recorded by: <input type="checkbox"/> time card / sheet <input type="checkbox"/> called into office <input type="checkbox"/> recorded by foreman <input type="checkbox"/> other																										

PUBLIC AUTHORITY INFORMATION				
Public Authority Name:		Address:		
City:	State: Z	ip:	County:	Telephone: ( )
Prevailing Wage Coordinator Name:		Address:		
City:	State: Z	ip:	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

SIGNATURE AND NOTARY		Complaints will be returned if not complete, signed, and notarized.
<p>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 of those persons who "knowingly swear or affirm the truth of a false statement when .....the statement is sworn or affirmed before a notary public..."</p> <p>Sworn to before me and subscribed by the said:</p> <p>_____</p> <p>in my presence this ____ day of _____, 20</p> <p>_____</p> <p>_____ Notary Public</p>		<p>I hereby certify that this is a true statement to the best of my knowledge and belief.</p> <p>_____ Signature                      Date</p> <hr/> <p>Return to:</p> <p style="text-align: center;">Ohio Department of Commerce Division of Industrial Compliance &amp; Labor Bureau of Labor &amp; Worker Safety 6606 Tussing Road Reynoldsburg, Ohio 43068</p> <p style="text-align: center;"><b>614-644-2239</b> <b>TTY/TDD: 1-800-750-0750</b> www.com.ohio.gov</p>

An Equal Opportunity Employer and Service Provider