



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

**INCOMPLETE OR UNSUBSTANTIATED COMPLAINTS MAY BE RETURNED**

Work Classification(s)  
(Apprentices show level/year)

Hourly Rate Paid? \_\_\_\_\_

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

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

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:**

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**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