

Labor Commissioner, State of California

Department of Industrial Relations
Division of Labor Standards Enforcement

DIVISION USE ONLY:	
TAKEN BY: _____	CASE # _____
DATE TAKEN: _____	ASSIGNED TO: _____
OFFICE: _____	DATE RECEIVED: _____
	DATE ASSIGNED: _____

PUBLIC WORKS – PUBLIC COMPLAINT

The following information is important and must be provided.

Complainant Information

1. FIRST NAME	2. LAST NAME	3. COMPANY NAME	4. WORK/CELLULAR NO	
5. CONTACT ADDRESS		6. CITY	7. STATE / ZIP CODE	8. EMAIL ADDRESS

Project Information

Note: A separate form must be completed for each project in which you are alleging a violation of prevailing wages.

9. PROJECT NAME (If known)
10. LIST ADDRESS(ES) OF PROJECT WHERE WORK WAS PERFORMED:

Complaint Against

11. NAME OF BUSINESS/CONTRACTOR/EMPLOYER	12. CONTRACTOR'S STATE LIC. NO	
13. ADDRESS OF BUSINESS/CONTRACTOR/EMPLOYER (Include Zip Code)	14. BUSINESS TEL. NO	
15. EMAIL ADDRESS	16. NAME OF PERSON IN CHARGE	17. TITLE

Awarding Body

18. NAME OF PUBLIC AGENCY/AWARDED CONTRACT ENTITY			
19. ADDRESS OF AWARDING BODY		20. BUSINESS TEL. NO/	
21. EMAIL ADDRESS	22. NAME OF PERSON IN CHARGE / TITLE	23. AMOUNT OF CONTRACT	
24. FIRST BID AD DATE	25. DATE PROJECT BEGAN	26. PROPOSED FINISH DATE	27. DATE OF NOTICE OF COMPLETION

General Contractor (Prime Contractor)

28. NAME OF GENERAL CONTRACTOR	29. CONTRACTOR'S STATE LIC.	
30. ADDRESS	31. BUSINESS TEL. NO	
32. EMAIL ADDRESS	33. NAME OF PERSON IN CHARGE	34. TITLE

Prevailing Wage Issues (Attach statements substantiating the allegation)

35. BRIEF EXPLANATION OF ISSUES: (Check all applicable boxes)		
<input type="checkbox"/> Non-payment /Underpayment of wages	<input type="checkbox"/> Not paid travel and subsistence	<input type="checkbox"/> Under reporting of hours
<input type="checkbox"/> Unpaid overtime/Sat/Sun/Holiday rate	<input type="checkbox"/> Misclassification of worker	<input type="checkbox"/> Insufficient fund check
<input type="checkbox"/> Fringe benefits not paid	<input type="checkbox"/> Other	
Apprentice Violations 1777.5 proceed to the next page		

Apprentice Occupation

36. Trades and Classifications: _____

Apprentice Violations 1777.5

37. If the contractor is approved to train- Name of the Apprenticeship Committee:

38. Was there a LABOR COMPLIANCE PROGRAM on this project? Yes No
If Yes, Name of the LCP: _____ LCP Telephone Number: _____

**Apprentice Issues
(List any documentation attached substantiating the allegation)**

39. BRIEF EXPLANATION OF ISSUES: (Check all applicable boxes)

- Failed to provide Contract award information (DAS 140). California Code of Regulations 230

- Failed to request dispatch of apprentices (DAS 142). California Code of Regulations 230.1

- Failed to employ registered apprentices in the correct ratio or not at all. California Code of Regulations 230.1

- Failed to make apprenticeship training fund contributions. California Code of Regulations 230.2

- Other (give clear concise statement of the facts constituting the basis of your complaint)

Proof of Service

40. Check the box if Proof of Service upon affected contractor and the General Contractor is attached.

I hereby certify that this is a true statement to the best of my knowledge and belief.

MY NAME MAY BE USED IN THIS INVESTIGATION. Yes No

Signature

Date