

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 – WORKER COMPLAINT

The following information is important and must be provided.

Complainant/Worker Information			
1. FIRST NAME	2. LAST NAME	3. HOME TEL. NO.	4. WORK/CELLULAR NO
5. CONTACT ADDRESS		6. CITY	7. STATE/ ZIP CODE
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 THE ADDRESSES OF THE PROJECT WHERE YOU PERFORMED WORK:			
Complaint Against			
11. NAME OF BUSINESS/CONTRACTOR/EMPLOYER			12. CONTRACTOR'S STATE LIC. NO
13. ADDRESS			14. BUSINESS TEL. NO
15. NAME OF PERSON IN CHARGE/ TITLE	16. EMAIL ADDRES	17. ARE YOU STILL WORKING FOR THIS CONTRACTOR?	
Awarding Body			
18. NAME OF PUBLIC AGENCY/AWARDED CONTRACT ENTITY			
19. ADDRESS			20. BUSINESS TEL. NO
21. NAME OF PERSON IN CHARGE/ TITLE		22. EMAIL ADDRESS	
23. DATE PROJECT BEGAN	24. ESTIMATED COMPLETION DATE	25. DATE OF NOTICE OF COMPLETION	
General Contractor (Prime Contractor)			
26. NAME OF GENERAL CONTRACTOR			27. CONTRACTOR'S STATE LIC.
28. ADDRESS			29. BUSINESS TEL. NO
30. NAME OF PERSON IN CHARGE/ TITLE		31. EMAIL ADDRESS	
Issues			
32. BRIEF EXPLAINATION 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		

Employment Information

33. WHAT WAS YOUR JOB TITLE?

34. DESCRIBE YOUR JOB DUTIES?

35. WHAT TOOLS DID YOU USE TO PERFORM YOUR JOB DUTIES?

36. HOW WERE YOU PAID? Check Cash Direct Deposit Other

37. WERE YOU GIVEN A CHECK STUB? Yes No

38. HOW OFTEN WERE YOU PAID? Daily Weekly Bi-weekly Monthly Semi-Monthly Other _____

39. HOW MUCH WERE YOU PAID? \$ _____ Per Hour Per Day Per Week

40. WERE YOU PAID: (Please check all applicable boxes)

Overtime Rate No ___ Yes ___ \$ _____ Saturday Rate No ___ Yes ___ \$ _____

Double Time Rate No ___ Yes ___ \$ _____ Sun/Holiday Rate No ___ Yes ___ \$ _____

41. DID YOUR EMPLOYER KEEP TIME AND PAYROLL RECORDS? Yes No Do Not Know

42. WHO WAS IN POSSESSION OF THESE RECORDS?

43. DID YOU KEEP AN ACCURATE RECORD OF YOUR HOURS WORKED? Yes No

44. DATES YOU WORKED ON THIS PROJECT:

45. DID YOU WORK ON ANOTHER PROJECT AT THE SAME TIME YOU WORKED ON THIS PROJECT? Yes No

46. IF YES, FOR WHO? _____ WHERE? _____ WHEN? _____ HOURS _____

47. DID YOU RECEIVE TRAVEL AND SUBSISTENCE PAYMENT? NO YES, IF YES, HOW MUCH? \$ _____

48. LIST CO-WORKERS/WITNESS INFORMATION:

Estimated number of workers who you are working with in this project: _____

Please provide names, addresses, telephone numbers, and type of work of other workers? Please list their names below. Use additional sheets as necessary.

Name of Worker	Address	Telephone No.	Types of Work Performed
1)			
2)			
3)			

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