



PUBLIC WORKS - WORKER COMPLAINT

Instructions: Please complete as much information as you are able.

Please email complaint to PW1@dir.ca.gov

or mail to 2031 Howe Avenue, Suite 100, Sacramento, CA 95825

YOUR INFORMATION

NAME	EMAIL
HOME PHONE #	CELL PHONE #
MAILING ADDRESS	CITY STATE/ZIP
ALTERNATE CONTACT NAME	ALTERNATIVE CONTACT EMAIL
CONTACTS RELATION TO YOU	ALTERNATE CONTACT PHONE #

COMPLAINT AGAINST (Employer Information)

NAME OF CONTRACTOR	BUSINESS PHONE #
MAILING ADDRESS	CITY STATE/ZIP

PROJECT INFORMATION

NAME OF PROJECT	
NAME OF AWARDING BODY (Example: City of, County of, School District, Department of)	
START DATE YOU WORKED ON PROJECT	END DATE YOU WORKED ON PROJECT
LOCATION/ADDRESS(ES) OF PROJECT	

GENERAL (PRIME) CONTRACTOR

NAME OF BUSINESS	BUSINESS PHONE #
MAILING ADDRESS	CITY STATE/ZIP CODE

PREVAILING WAGE ISSUES

<input type="checkbox"/>	Unpaid/underpaid Overtime or Sat/Sun rate	<input type="checkbox"/>	Underreporting of hours
<input type="checkbox"/>	Unpaid/underpaid holiday (indicate holiday)	<input type="checkbox"/>	Non-payment/underpayment of wages
<input type="checkbox"/>	Unpaid/underpaid fringe benefits	<input type="checkbox"/>	Misclassification of worker
<input type="checkbox"/>	Unpaid/underpaid Travel & Subsistence	<input type="checkbox"/>	Insufficient funds (bounced check)

Brief narrative of allegations:

WORKER INFORMATION

What was your job classification? _____

Describe the work you did and the tools you used _____

What was your straight time or regular rate of pay? _____

Did you work on Saturday, Sunday or holiday? Yes ____ No ____ . If so, what was your rate of Pay? _____

Did you receive any of the following benefits?

(Health Insurance - Yes ____ No ____) **(Pension** - Yes ____ No ____)**(401 K** - Yes ____ No ____) **(Vacation** - Yes ____ No ____) **(Travel** - Yes ____ No ____)

(Optional) List information of coworkers (or witnesses)

name of worker

phone

email

address

name of worker

phone

email

address

name of worker

phone

email

address

name of worker

phone

email

address

name of worker

phone

email

address

Please attach anything else that may be helpful in pursuing your claim.

Signature _____

Date _____