

**Labor Commissioner, State of California**Department of Industrial Relations  
Division of Labor Standards Enforcement

<b>DIVISION USE ONLY:</b>	
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