



PUBLIC WORKS COMPLAINT

WHO ARE YOU FILING THIS COMPLAINT AGAINST?

CONTRACTOR AWARDING BODY

YOUR INFORMATION

YOUR COMPANY / ORGANIZATION NAME	
YOUR NAME	WORK/CELL PHONE #
MAILING ADDRESS	EMAIL
CITY	STATE/ZIP CODE

COMPLAINT AGAINST

NAME OF CONTRACTOR		PUBLIC WORKS CONTRACTOR REGISTRATION #
MAILING ADDRESS		BUSINESS PHONE #
CITY	STATE/ZIP	CONTRACTOR STATE LICENSE BOARD LICENSE #
NAME OF PERSON IN CHARGE	TITLE	EMAIL ADDRESS
TOTAL NUMBER OF PAYROLLS ON PROJECT (performance weeks) _____		
TOTAL NUMBER OF WORKERS ON PAYROLLS _____		

PROJECT INFORMATION

NAME OF PROJECT		DIR PROJECT ID #
FIRST BID AD DATE <small>(please attach bid notice)</small>	NOTICE OF COMPLETION DATE <small>(please attach NOC)</small>	PROJECT ACCEPTANCE DATE
DATE PROJECT BEGAN	ESTIMATED END DATE	LAST DAY WORKED ON PROJECT
ADDRESS(ES) OF PROJECT		IS THIS AN ACTIVE/ONGOING PROJECT?

AWARDING BODY INFORMATION

NAME OF PUBLIC AGENCY/CONTRACT ENTITY		
MAILING ADDRESS		PHONE #
CITY	STATE/ZIP	PRIMARY CONTACT EMAIL ADDRESS

GENERAL (PRIME) CONTRACTOR

NAME OF BUSINESS		PUBLIC WORKS CONTRACTOR REGISTRATION #
MAILING ADDRESS		Contractor State License Board #
CITY	STATE/ZIP	BUSINESS PHONE #
NAME OF PERSON IN CHARGE	EMAIL ADDRESS	TITLE

CONTRACTOR ALLEGATIONS

Please attach any documentation supporting your allegation(s).

<input type="checkbox"/>	Missed predetermined increase(s)	<input type="checkbox"/>	Underreporting of hours
<input type="checkbox"/>	Unpaid overtime	<input type="checkbox"/>	Underreporting of workers
<input type="checkbox"/>	Unpaid holiday (indicate holiday)	<input type="checkbox"/>	Non-payment/underpayment of wages
<input type="checkbox"/>	Unpaid Sat/Sun rate (non-overtime)	<input type="checkbox"/>	Misclassification of worker
<input type="checkbox"/>	Unpaid fringe benefits	<input type="checkbox"/>	Insufficient funds (bounced check)
<input type="checkbox"/>	Travel & Subsistence	<input type="checkbox"/>	Underpayment of training funds
<input type="checkbox"/>	Kickbacks	<input type="checkbox"/>	Failure to meet apprenticeship ratio
<input type="checkbox"/>	Unregistered Contractor	<input type="checkbox"/>	Failure to submit contract award information (DAS140)
<input type="checkbox"/>	eCPR - nonsubmission/late submission		
<input type="checkbox"/>	Skilled and Trained Workforce (STWF)		

Is STWF requirement in the contract? yes no

What statute triggers the use of STWF on this project? _____

Brief narrative of allegations: _____

AWARDING BODY ALLEGATIONS

Please attach any documentation supporting your allegation(s).

Project Registration - Late submission or Failure to Register

First day of work on the project _____

Date the contract was awarded _____

Date the project was registered _____

Unregistered Contractors working on project _____ CSLB # _____

WORKER INFORMATION

List worker(s) or witness information

name of worker	phone	email
address		

name of worker	phone	email
address		

name of worker	phone	email
address		