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 EXPLAINATION OF ISSUES: (Check all applicable boxes)

- ☐ Non-payment /Underpayment of wages
- ☐ Not paid travel and subsistence
- ☐ Under reporting of hours
- ☐ Unpaid overtime/Sat/Sun/Holiday rate
- ☐ Misclassification of worker
- ☐ Insufficient fund check
- ☐ Fringe benefits not paid
- ☐ 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 EXPLAINATION 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