SECTION A - PROJECT INFORMATION

Project Name:	DO NOT WRITE IN THIS AREA - OFFICE USE ONLY
Project Address:	Approval / Case No.
City: OHIO	Project County / Project Investigator
ZIP: County:	Contractor County / Contractor Investigator
	PA County / PA Investigator

Project: Completed (☐ Over 2 years ago ☐ Less than 2 years ago) ☐ On going ☐ New construction ☐ Reconstruction, Alteration, or Repair

SECTION B - CONTRACTOR INFORMATION

List name of contractor complaint is against in Name(1)

(1) Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ( )

☐ General ☐ Prime ☐ Subcontractor If Subcontractor, list name and address of General/Prime in name (2)

(2) Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ( )

SECTION C - COMPLAINANT INFORMATION

Name:		Address:		
City:	State:		County:	Telephone: ( )

Other telephones where you can be reached:

COMPLAINT STATUS

☐ Employee SS# _____

☐ Former employee SS# _____

☐ Prevailing Wage Coordinator (Must complete section E)

☐ *Interested Party (Must complete section E)

REASON FOR FILING COMPLAINT

☐ Prevailing wage not paid ☐ Wages not paid

☐ Fringe Benefits not paid ☐ Overtime

☐ Misclassifications ☐ Ratio

Attach any information that will assist our investigative efforts

*To allege Interested Party status you **MUST** attach with the complaint sufficient evidence that you have either bid on the public improvement or are a subcontractor of a bidder, labor organization representing current employees of a bidder, or association which presently has any of the above named persons as members. R.C. Sec.4115.03(F)

SECTION D - EMPLOYEE INFORMATION

Employees should attach copies of log books, check stubs, or any other documents that will assist in our investigation

Work Classification (Apprentices show level/year) Hourly Rate Paid? P.W. Rate Dates worked From_____ To _____ Total hours on project Reg._____ O.T._____

YES	NO	
☐	☐	Were you paid time and 1/2 for hours worked over 40 per week?
☐	☐	Did employer provide written notice of job classification?
☐	☐	Did employer provide written notice of Prevailing Wage Rate?
☐	☐	Did employer provide written notice of name of Prevailing Wage Coordinator?
☐	☐	Were you threatened, intimidated or coerced into giving up any part of your pay?

What Fringe Benefits were paid by the company? ☐ None

FRINGE	AMOUNT	FRINGE	AMOUNT
☐ Health Insurance	_____	☐ Life Insurance	_____
☐ Paid Vacation	_____	☐ Paid Holidays	_____
☐ Paid Sick Leave	_____	☐ Pension	_____
☐ Bonus	_____	☐ Other	_____
☐ Training	_____		

Hours worked recorded by: ☐ time card / sheet ☐ called into office ☐ recorded by foreman ☐ other

List names of employees you worked with on this project:

SECTION E - PUBLIC AUTHORITY INFORMATION

Public Authority Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ( )
Prevailing Wage Coordinator Name:		Address:		
City:	State:	ZIP:	County:	Telephone: ( )

Type of funding: ☐ Public funds ☐ IRB ☐ Other (attach explaination) Project Dates: From _____ To _____

Were Prevailing Wage Rates issued? ☐ YES ☐ NO Date Issued: Rates posted at project site? ☐ YES ☐ NO

SECTION F - SIGNATURE AND NOTARY

Complaints will be returned if not complete, signed, and notarized.

Affiant is further informed that Section 2921.13 of the Ohio Revised Code provides a penalty of a misdemeanor of the first degree and that prosecution will be pursued of those persons who "knowingly swear or affirm the truth of a false statement when..... the statement is sworn or affirmed before a notary public..."

Sworn to before me and subscribed by the said:

_____

in my presence this _____ day of _____ , 19 _____

_____ Notary Public

I hereby certify that this is a true statement to the best of my knowledge and belief.

_____

Signature Date

Return to: Ohio Department of Commerce
Wage and Hour Division
50 West Broad Street, 28th Floor
Columbus, Ohio 43215
614-644-2450