

John R. Kasich, Governor Jacqueline T. Williams, Director

## PREVAILING WAGE COMPLAINT

PROJECT INFORMATION					DO NOT WRITE IN THIS AREA			
Project Name:				CASE NO				
Project Address:			□Yes □No					
City:				Rejected	□Yes □No			
ZIP: County:				Denied	□Yes □No			
		,		Contractor		Investigate	Ar.	
						Assigned:		
Project: □ Ongoing □ No □ Completed (□								
□ Completed (□	Ovel 2	INCOMPLE	TE COMPLA	INT FORM	IS WILL BE RET	TURNED		
PUBLIC AUTHORITY INFORMATION								
ublic Authority Name:			Address:				Website/Email Address:	
City:	State:		Zip:	Count	County:		Telephone:	
Prevailing Wage Coordinator Name:			Address: :				Website/Email Address:	
Dity: State:			Zip:	Count	County:		Telephone:	
Type of funding: □ Public Fu	ach explanation)	ation) Project Dates: From://			/ To:			
Were Prevailing Wage Rates issued? ☐ Yes ☐ No				te Issued:// Rates poste			at project site: ☐ Yes ☐ No	
			Certifie	d Payrolls Fi	ed? □ Yes □ No			
CONTRACTOR INFORM	ΙΔΤΙΩΝ	List name of co	ntractor complaint is	against in Na	mo(1)	_		
Name (1):	AHON		Address:	agamst in iva	116(1)			
City:	State:		Zip:		County:		Telephone:	
Email / Website:							( )	
□General □ Prime □ Subcont	ractor If S	Subcontractor lis	t name and addre	ess of Genera	al/Prime in name (2)			
□General □ Prime □ Subcontractor If Subcontractor, li Name (2):		Address: :						
City:	State: Zip		Zip:		County:		Telephone:	
Email / Website:							( )	
Lindii/ Wobbito.								
COMPLAINANT INFOR	MATION							
COMPLAINANT INFORMATION  Name: Add			ddress:					
City:	State: Zip:		'in·	County:		ΙT	elephone:	
-	Olato.		·		County.	(	)	
Other phone #'s:			Email:					
COMPLAINT STATUS:				ALL PARTIES MUST ALEDGE A SPECIFIC COMPLAINT AND PROVIDE SUFFICIENT EVIDENCE FOR EACH REASON SELECTED FOR FILING THE COMPLAINT				
□ Employee				□ Prevailing wage not paid □ Wages not paid				
□ Former Employee			□ Fringe B	□ Fringe Benefits not paid □ Overtime				
□ Prevailing Wage Coordinator			□ Misclass	□ Misclassifications □ CPR Incorrect/missing information				
□ *Interested Party				□ No CPR's filed Attach any information that will substantiate your claim				
*To allege Interested Party status your organization representing current en			laint sufficient evide	ence that you h	ave either bid on the pu	ıblic improvemer	nt or are a subcontractor or a bidder, labor	
							ur complaint	

INCOMPLETE OR UNSUBSTANTIATED COMPLAINTS MAY BE RETURNED						
Work Classification(s) (Apprentices show level/year)						
Hourly Rate Paid?	P.W Rate:					
Total hours on project: Regular Hours OT Hours	Dates Worked: From/To/					
YES NO  ☐ Were you paid time and ½ 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 the Prevailing Wage Coordinator? ☐ Were you threatened, intimidated, or coerced into giving up any of your pay?  Hours worked recorded by: ☐ time card / sheet ☐ called into office ☐ recorded by foreman ☐ other	What Fringe Benefits did the company pay?   FRINGE AMOUNT FRINGE AMOUNT  Health Insurance  Paid Vacation  Paid Holidays  Paid Sick Leave  Pension  Bonus  Other  Training  List names of employees you worked with on this project:					
ADDITIONAL COMMENTS TO ASSIST IN THE INVESTIGA	TION:					
-	_					
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 against those persons who "knowingly swear and affirm the truth of a false statement whenthe statement is sworn or affirmed before						
a notary public…"	Signature Date					
Sworn to before me and subscribed by the said:	Return to:					
in my presence thisday of, 20Notary Public	Ohio Department of Commerce Division of Industrial Compliance Bureau of Wage & Hour Administration P.O. Box 4009, 6606 Tussing Road Reynoldsburg, Ohio43068-9009					
	TTY/TDD: 1-800-750-0750 www.com.ohio.gov					