

Office of Labor Standards & Enforcement Prevailing Wage Complaint Form

| Contact Information | |
|--|-------|
| Complainant Name | |
| | |
| Mailing Address | |
| | |
| City State | Zip |
| | |
| Best way to contact you OEmail OPhone OBoth | |
| Email | Phone |
| | |
| Work Information Contractor/Employer Name | |
| Contractor/Employer Name | |
| City Contract Name and/or Bid Number | |
| Your Work Address(es) and/or Locations Where Work Was Performed on City Contract | |
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| Describe your complaint in detail. Attach additional pages as necessary. | |
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