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<b>DIVISION USE ONLY</b>	
Case #:	_____
CONTRACT#:	_____
Taken by:	_____
Date Taken:	_____

**EQUAL OPPORTUNITY CONTRACTING, City of San Diego**  
**Department of: Purchasing & Contracting**

**EQUAL OPPORTUNITY CONTRACTING - WORKER COMPLAINT**

The following information is important and must be provided.

**Complainant/Worker Information**

FIRST NAME	LAST NAME	Home TEL NO.	WK/Cell NO.
CONTACT ADDRESS		CITY	STATE/ZIP
		EMAIL:	
COMPANY NAME		ADDRESS	

**Project Information**

Note: A separate form must be completed for each project in which you are alleging a violation of prevailing wages.

PROJECT NAME (If Known)	Supervisor's Name: _____
	Other: _____
LIST THE ADDRESSES OF THE PROJECT WHERE YOU PERFORMED WORK:	Estimated Date of Completion: _____
	Date of Completion: _____

**Complaint Against**

NAME OF BUSINESS/CONTRACTOR/EMPLOYER	Contractor's STATE LIC. NO:
ADDRESS _____	BUS TEL NO. _____
HOW LONG EMPLOYED at COMPANY: _____	
NAME OF PERSON IN CHARGE/TITLE: _____	EMAIL ADDRESS _____
	CURRENTLY Wkg for Contractor: _____
	<b>(Y or N)</b>

**General Contractor (Prime Contractor)**

Name of General Contractor	Contractor's STATE LIC. NO:
ADDRESS _____	BUS TEL NO. _____
NAME OF PERSON IN CHARGE/TITLE _____	EMAIL ADDRESS _____

**Issues (Brief Explanation of Issues - Check all applicable boxes)**

<input type="checkbox"/> Non-payment/Underpayment of wages	<input type="checkbox"/> Not paid travel and subsistence
<input type="checkbox"/> Unpaid overtime/Sat/Sun/Holiday rate	<input type="checkbox"/> Misclassification of worker
<input type="checkbox"/> Fringe benefits not paid	<input type="checkbox"/> Other _____
<input type="checkbox"/> Under reporting of hours	_____
<input type="checkbox"/> Insufficient fund check	_____

Nature of Complaint: (Be specific - use back of form if necessary)


**Employment Information**

WHAT WAS YOUR JOB TITLE? \_\_\_\_\_

DESCRIBE YOUR JOB DUTIES? \_\_\_\_\_

WHAT TOOLS DID YOU USE TO PERFORM YOUR JOB DUTIES? \_\_\_\_\_

HOW WERE YOU PAID?  Check  Cash  Dir Dep  Other \_\_\_\_\_

DID YOU KEEP AN ACCURATE RECORD OF YOUR HOURS WORKED?  YES  NO

DATES YOU WORKED ON THIS PROJECT: \_\_\_\_\_

DID YOU WORK ON ANOTHER PROJECT AT THE SAME TIME YOU WORKED ON THIS PROJECT?  YES  NO

If YES; for Who/Where/When? \_\_\_\_\_

If YES; Hours Worked? \_\_\_\_\_

DID YOU RECEIVE TRAVEL AND SUBSISTENCE PAYMENT?  NO  YES If YES- How Much? \$ \_\_\_\_\_

WERE YOU GIVEN A CHECK STUB?  YES  NO

HOW OFTEN WERE YOU PAID?  Daily  Week  Bi-Weekly  Other \_\_\_\_\_

HOW MUCH WERE YOU PAID (HOURLY)  Hour  Day  Weekly \$ \_\_\_\_\_

FRINGE BENEFITS  YES  NO  CASH  Not in Cash

WERE YOU PAID (Please check all applicable boxes)

O.T.  Double-Time Rate  Sat Rate  Sun/Holiday Rate

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Possessor of PR Records?

Did employer maintain time/payroll records of your hours worked?  YES  NO

**LIST OF CO-WORKERS/WITNESSESS INFORMATION:**

Estimated number of workers who you are working with in this project: \_\_\_\_\_

Please provide names, addresses, telephone numbers, and type of work of other workers:

Please list their names below. Use additional sheets as necessary.

**#1- Name of Worker:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

**#2- Name of Worker:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

**#3- Name of Worker:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

**#4- Name of Worker:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

**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