

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 – WORKER COMPLAINT

The following information is important and must be provided.

| Complainant/Worker Information | | | |
|--|--|---|--------------------------------|
| 1. FIRST NAME | 2. LAST NAME | 3. HOME TEL. NO. | 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 THE ADDRESSES OF THE PROJECT WHERE YOU PERFORMED WORK: | | | |
| | | | |
| | | | |
| Complaint Against | | | |
| 11. NAME OF BUSINESS/CONTRACTOR/EMPLOYER | | | 12. CONTRACTOR'S STATE LIC. NO |
| 13. ADDRESS | | | 14. BUSINESS TEL. NO |
| 15. NAME OF PERSON IN CHARGE/ TITLE | | | 16. EMAIL ADDRES |
| 17. ARE YOU STILL WORKING FOR THIS CONTRACTOR? | | | |
| Awarding Body | | | |
| 18. NAME OF PUBLIC AGENCY/AWARDED CONTRACT ENTITY | | | |
| 19. ADDRESS | | | 20. BUSINESS TEL. NO |
| 21. NAME OF PERSON IN CHARGE/ TITLE | | | 22. EMAIL ADDRESS |
| 23. DATE PROJECT BEGAN | 24. ESTIMATED COMPLETION DATE | 25. DATE OF NOTICE OF COMPLETION | |
| General Contractor (Prime Contractor) | | | |
| 26. NAME OF GENERAL CONTRACTOR | | | 27. CONTRACTOR'S STATE LIC. |
| 28. ADDRESS | | | 29. BUSINESS TEL. NO |
| 30. NAME OF PERSON IN CHARGE/ TITLE | | | 31. EMAIL ADDRESS |
| Issues | | | |
| 32. BRIEF EXPLAINATION 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"/> Under reporting of hours | |
| <input type="checkbox"/> Unpaid overtime/Sat/Sun/Holiday rate | <input type="checkbox"/> Misclassification of worker | <input type="checkbox"/> Insufficient fund check | |
| <input type="checkbox"/> Fringe benefits not paid | <input type="checkbox"/> Other | | |
| | | | |
| | | | |

Employment Information

33. WHAT WAS YOUR JOB TITLE?

34. DESCRIBE YOUR JOB DUTIES?

35. WHAT TOOLS DID YOU USE TO PERFORM YOUR JOB DUTIES?

36. HOW WERE YOU PAID? Check Cash Direct Deposit Other

37. WERE YOU GIVEN A CHECK STUB? Yes No

38. HOW OFTEN WERE YOU PAID? Daily Weekly Bi-weekly Monthly Semi-Monthly Other _____

39. HOW MUCH WERE YOU PAID? \$ _____ Per Hour Per Day Per Week

40. WERE YOU PAID: (Please check all applicable boxes)

Overtime Rate No ___ Yes ___ \$ _____ Saturday Rate No ___ Yes ___ \$ _____

Double Time Rate No ___ Yes ___ \$ _____ Sun/Holiday Rate No ___ Yes ___ \$ _____

41. DID YOUR EMPLOYER KEEP TIME AND PAYROLL RECORDS? Yes No Do Not Know

42. WHO WAS IN POSSESSION OF THESE RECORDS?

43. DID YOU KEEP AN ACCURATE RECORD OF YOUR HOURS WORKED? Yes No

44. DATES YOU WORKED ON THIS PROJECT:

45. DID YOU WORK ON ANOTHER PROJECT AT THE SAME TIME YOU WORKED ON THIS PROJECT? Yes No

46. IF YES, FOR WHO? _____ WHERE? _____ WHEN? _____ HOURS _____

47. DID YOU RECEIVE TRAVEL AND SUBSISTENCE PAYMENT? NO YES, IF YES, HOW MUCH? \$ _____

48. LIST CO-WORKERS/WITNESS 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.

| Name of Worker | Address | Telephone No. | Types of Work Performed |
|----------------|---------|---------------|-------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

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