



State of Rhode Island
DEPARTMENT OF LABOR AND TRAINING
Division of Workforce Regulation and Safety
Professional Regulation Unit-Prevailing Wage Section
1511 Pontiac Avenue- Building #70
Cranston, RI 02920
(401) 462-8580, Option #7

PW APPRENTICESHIP REQUIREMENT COMPLAINT FORM

(***Note**: Only for those state awarded projects valued at one million dollars or more)

COMPLAINANT INFORMATION (please print):

Complainant Name: _____

Address: _____ **Tel. #:** () _____

City/Town: _____ **State:** _____ **Zip Code:** _____

PROJECT INFORMATION (please print):

Project in Question: _____

Address: _____ **City/Town:** _____

Type of Project: _____ **Awarding Authority:** _____

General Contractor: _____

CONTRACTOR INFORMATION (please print):

Contractor's Name: _____ **Work Performed:** _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____ **Tel. #:** () _____

* **The following evidence must be provided from the Awarding Authority to support claim:**

- () **Verification of Funding Source** () **Verification of Project Cost**
- () **Documentation of Specific Work Performed by Contractor**
- () **Copy of General Contract and Approved Sub-contractor List**

Additional Comments: _____

I hereby attest that the information provided is true and accurate to the best of my knowledge.

Complainant's Signature: _____ **Date:** _____