



CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem, OR 97309-5052

Phone (503) 934-2246

www.oregon.gov/ccb



Delinquent Pay

Public Contracts Complaint form

Pursuant to OAR 812-005-0500, anyone wishing to provide the CCB with information indicating that a contractor failed to pay a person who supplied labor or materials on a public works project within 60 days after the date when the contractor received payment and that payment was not a "good faith dispute" as defined in ORS 279C.580, shall do so on this form. This is only applicable to public works projects.

COMPLAINANT		RESPONDENT	
Party making the complaint is a:		Complaint Against:	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <input type="checkbox"/> Other: _____		<input type="checkbox"/> Subcontractor <input type="checkbox"/> Prime <input type="checkbox"/> Other: _____	
_____ Name of Agency or Business CCB#		_____ Name of Contractor CCB#	
_____ Name and Title of person filing (Contact Person)		_____ Contact Person	
_____ Mailing Address		_____ Mailing Address	
_____ City	_____ State	_____ City	_____ State
_____ Zip Code		_____ Zip Code	
_____ Phone Number	_____ Fax Number	_____ Phone Number	_____ Fax Number
_____ Email		_____ Email	
AGENCY INFORMATION			
_____ Public Agency Responsible for the Contract		_____ Name of Project	
_____ Agency Contact Information or Project Manager			
_____ Jobsite Location			
PROJECT INFORMATION			
_____ Contract Date	_____ Total Contract Amount	_____ Total Amount Paid to Date	
_____ Type of work provided			

_____	_____	_____
Date work started/Material supplied	Date work was completed	Date Respondent paid by Public Agency/Primary Contractor
_____	Were Change Order(s) issued: <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Total Amount Outstanding	*If Yes, Cost & Date(s) of Order(s): _____	
_____	_____	_____
Dates of stop work Order(s)	Final billing date	Scheduled payment date
ADDITIONAL INFORMATION (if different than respondent above)		
_____	_____	
Primary Contractor	CCB#	

Contact Name		

Primary Contractor Address		

_____	_____	_____
City	State	Zip Code

Phone Number	Email	

Attach a copy of the following items with this form, if available:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Written contract, 2. Invoice and/or credit agreement, 3. Billing to respondent, | <ol style="list-style-type: none"> 4. Payments from respondent to date, 5. Change order(s), and 6. Any relevant documents or correspondence. |
|--|---|

If the CCB determines that the information supplied in this complaint against a contractor or subcontractor was supplied in bad faith or was false, the complainant will be placed on the list of persons who have been determined to be not qualified to hold or participate in a public contract for a public improvement. [ORS 701.227(3)]

Signature _____

Date _____