



# PREVAILING WAGE COMPLAINT FORM

The following information is necessary for ODOT to schedule any compliance action. Your identity will be kept confidential to the maximum extent possible under existing law.

## 1. Complainant or Person Submitting Information

Name (First, Middle Initial, Last)			Current Date
Mailing Address	Telephone (Home)	Telephone (Work)	Telephone (Cell)
City, State, Zip		Email	
Employment Status (Please Check One)			
<input type="checkbox"/> Present Employee	<input type="checkbox"/> Former Employee	Date Hired:	First Date Worked on this project
<input type="checkbox"/> Other (Please Specify) _____		Last Date Worked:	Last Date Worked on this project

## 2. Employer Information (Contractor/Subcontractor you are complaining about)

Name of Employer	Telephone
Mailing Address	
City, State, Zip	
The Employer is (Please Check One)	
<input type="checkbox"/> Prime Contractor	<input type="checkbox"/> Subcontractor (Please Provide Name of Prime Contractor) _____

## 3. Project Information

Project Name	County	ODOT Contract Number
Prime Contractor	Project Manager	
Is this project complete or is the subcontractor's work on the project complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 4. Work Information

What is/was your work schedule? (Please Check One)		
<input type="checkbox"/> 8 hours per day, 5 days per week, Monday - Friday	<input type="checkbox"/> 10 hours per day, 4 days per week, Monday – Thursday	
<input type="checkbox"/> 10 hours per day, 4 days per week. Tuesday - Friday	<input type="checkbox"/> Other _____	
Was your work schedule posted by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not how were you notified of your work schedule?)		
<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> Written Notice <input type="checkbox"/> Other _____		
Were wage rates posted at the job site by your employer or the Prime Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your employer provide you with information regarding fringe benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List your job title and give a brief description of the type of work you do or did on this project. (Continue on reverse if necessary.)		
List the types and sizes of equipment you operated on this project including name and model number if applicable.		
What job classification and group number were you paid for on this project?		

## 5. Pay Information

Hourly Rate of Pay:	Did you work on a shift schedule?	Were you paid overtime at 1 ½ times your hourly rate of pay after:
Project Work? \$ _____ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8 hours per day? <input type="checkbox"/>
Non-Project Work? \$ _____ \$ _____	If yes, which shift? _____	10 hours per day? <input type="checkbox"/>
		40 hours per week? <input type="checkbox"/>
		Other? _____
How were you paid?	Hours were recorded by	Were wage rates posted at the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check	<input type="checkbox"/> Time card/sheet	
<input type="checkbox"/> Cash	<input type="checkbox"/> Called into office	
<input type="checkbox"/> Check and Cash	<input type="checkbox"/> Recorded by foreman	
<input type="checkbox"/> Other	<input type="checkbox"/> Other _____	

Have any deductions from your pay been made without your written consent?  Yes  No If yes, explain:

How were your fringe benefits paid?

- Cash  
 Health Insurance     Holidays     Pension  
 Dental Insurance     Vacation     Training  
 Life Insurance     Sick Leave     Other \_\_\_\_\_

Were you a registered apprentice?

- Yes  No  
Which Trade? \_\_\_\_\_  
Training Percentage Level? \_\_\_\_\_

Did you receive regular meal breaks?  Yes  No

What was the length of these breaks? \_\_\_\_\_  
When were they provided? \_\_\_\_\_

### 6. Union Status

Were you covered by a collective bargaining agreement?  Yes  No

Open Shop     Apprenticeship     On-the-Job Training  
Union (Name and Local #) \_\_\_\_\_

### 7. Reason for Complaint

- Paid Incorrect Wage Rate     Fringe Benefits Not Paid     Incorrect Job Classification/Group Number  
 Overtime Wages Not Paid     Don't Know Disposition of Fringe Benefits     Unauthorized Deductions  
 Prevailing Wages Not Paid     Zone Pay Not Paid     Other \_\_\_\_\_

### 8. Additional Information

Were there any inspectors, other employees, or supervisors who can verify your work performed on this project? Include names, titles, and phone numbers or addresses:

Additional Comments:

### Attach any documentation you have to support this complaint. (Check stubs, notices, policies, etc.)

Printed name of person filing complaint	Signature	Date
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#### To file this complaint:

You may give it to the ODOT Project Manager or Inspector for this project.

#### Or, mail to:

Oregon Department of Transportation  
Office of Civil Rights  
Attention Labor Compliance Program Manager  
355 Capitol St NE, Room 504  
Salem OR 97301-3871