



PREVAILING WAGE COMPLAINT FORM

The California Department of Transportation (Caltrans) Labor Compliance Program accepts complaints involving nonpayment of prevailing wages for work performed on a Caltrans contract funded in whole or in part with federal or state funds. If you suspect your employer has not compensated you appropriately, complete the Prevailing Wage Complaint Form and submit it to the office designated below.

Instructions

1. ***Form submission guidelines:***

If your complaint involves more than one employer on the same project, submit a form for each employer. If your complaint involves more than one project, submit a form for each project

Note: Forms that list multiple employers, projects, or that are not properly completed or signed will be returned to you for additional information.

2. You can complete the form directly online and print it out, or you can complete it by hand. For additional forms, visit our website:

<http://www.dot.ca.gov/hq/construc/LaborCompliance/index.htm>

3. ***Answer questions as completely as possible.***

You do not have to answer to every question. If you do not have a response, mark "unknown" in the space provided. If you cannot be specific, give a general or an estimated response.

4. ***Complete all sections that pertain to your hours worked.***

If you need more space, attach additional sheets.

5. If you have personal records related to the work you performed on this project (for example, check stubs, time cards, log books, haul slips, and so on.), make copies and submit them with this complaint. ***Keep your original records.***

6. ***Keep a copy of your complaint for your records. Send completed and signed complaint forms to The Department of Transportation at:***

- North Region Labor Compliance, P.O. Box 911, Marysville, CA 95901-0911
- District 4 Labor Compliance, P.O. Box 23660, Oakland, CA 94623-0660
- Central Region Labor Compliance, P.O. Box 12616, Fresno, CA 93778-2616
- District 7 Labor Compliance, 100 S. Main St., Los Angeles, CA 90012-3712
- District 8 Labor Compliance, 464 W. Fourth St.–MS 1104, San Bernardino, CA 92401-1400
- District 11 Labor Compliance, 4050 Taylor St.–MS 222, San Diego, CA 92110-2737
- District 12 Labor Compliance, 3337 Michelson Dr., Ste. CN380, Irvine, CA 92612-8894
- Maintenance Service Contracts–Labor Compliance, P.O. Box 942874 MS44, Sacramento, CA 94274-0001

[Website: http://www.dot.ca.gov/hq/construc/LaborCompliance/index.htm](http://www.dot.ca.gov/hq/construc/LaborCompliance/index.htm)

Caltrans Labor Compliance Program
Prevailing Wage Complaint Form-2

For Office Use Only	
Received by:	Date received:
Tracking number:	
Employee contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Date contacted:

COMPLAINANT INFORMATION

Name:		Email Address:	
Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	Other Phone:

EMPLOYER INFORMATION

Name:		Address:	
City:		State:	Zip: Telephone:
Are you still employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, last date worked:		Was your termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

PROJECT INFORMATION

Project Number or Name:		Prime Contractor:	
Type of Construction: <input type="checkbox"/> Road <input type="checkbox"/> Bridge <input type="checkbox"/> Building <input type="checkbox"/> Other: _____		Is the Project Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Location: Highway or Street:	City:	County:	Crossroad or Intersection:
Did you keep a record of the days and hours worked on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List work performed and tools used:

Work Performed (be specific)	Tools or Equipment Used (model or equipment number)

WAGE AND HOUR INFORMATION

Nature of complaint (more than one may apply): <input type="checkbox"/> Wage Rate <input type="checkbox"/> Overtime <input type="checkbox"/> Fringes <input type="checkbox"/> Classification		Job Title:	
Dates worked on this project: From: _____ To: _____	Total hours worked on this project: REG: _____ OT: _____	How often were you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: _____	
Hourly Rate of Pay for: REG OT \$ _____ \$ _____	Were you paid overtime at 1½ times your hourly rate of pay after: 8 hours/day? <input type="checkbox"/> Yes <input type="checkbox"/> No 40 hours/week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work on a shift schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which shift? <input type="checkbox"/> Day <input type="checkbox"/> Night	
Has your employer advanced any money to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____	Were you an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No Which trade? _____ Training % level: _____	Hours worked recorded by: <input type="checkbox"/> Timecard/sheet <input type="checkbox"/> Called into office <input type="checkbox"/> Recorded by foreman <input type="checkbox"/> Other: _____	How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Check and Cash <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____

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Did you receive any fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select below: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Training <input type="checkbox"/> Vacation <input type="checkbox"/> Life Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____ Did you receive cash payment for fringes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____	Did you receive travel and living expenses <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$ _____ per <input type="checkbox"/> hour / <input type="checkbox"/> day
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Did you haul material ONTO the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of material hauled:	Name and location of pits:

Did you haul material OFF the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of material hauled:	Name and Location of Pits:

ADDITIONAL INFORMATION

Are there any inspector(s), other employee(s) or foreman/supervisor(s) who can verify your work performed on this project? Include names, titles and phone numbers or addresses.
Have any deductions been made without your written agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
List type and amount of hourly deductions taken by the employer from the total hourly rate of pay:
Are you covered under a Collective Bargaining Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Trade and Local Number:
Were you ever required to return any earned wages to your employer after you were paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates:
Additional Comments:

Does Caltrans have permission to use your name to resolve this wage issue? Yes No
 To the best of my knowledge, the information that I have provided is true and accurate.

Complainant's Signature: _____ Date: _____