

ALLEGATION OF COMPLAINT		
ATTACH WITH COMPLAINT SUFFICIENT EVIDENCE TO SUPPORT YOUR ALLEGATION (I.E., PAYROLL RECORDS, PROJECT'S PREVAILING WAGE RATES, PAY STUBS, ETC.)		
DESCRIBE THE COMPLAINT – Include in detail the tasks performed on this project and identify the working title of the job classification.		
How did you determine the contractor was in violation of the prevailing wage law?		
What was the specific job title of the employee(s)?		
Please describe in detail the specific job duties the employee(s) was required to perform.		
Did the employee(s) supervise others?	yes	no
Who is the direct supervisor of the employee(s)?		
What was the hourly rate of pay for the employee(s)?		
Check any fringe benefits the employer provided:		
_____ health & welfare contributions	_____ vacation pay	
_____ pension or retirement contributions	_____ medical insurance	
_____ profit sharing distribution	_____ life insurance	
_____ annuity fund or tax deferred savings plan contributions	_____ holiday pay	
_____ supplemental employment fund contributions	_____ bonus	
_____ education or training fund contributions	_____ scholarship contributions	
Any additional information you wish to add:		

FOR OFFICE USE ONLY	Claim Number:
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