

PREVAILING WAGE COMPLAINT FORM

This form is used for complaints under the Pennsylvania Prevailing Wage Act of 1961. Persons returning this form should complete all parts, including the reverse side.

RETURN TO:

**Attn: Bryan Smolock
Bureau of Labor Law Compliance
1301 Labor and Industry Building
Seventh and Forster Streets
Harrisburg, PA 17120-0019
Telephone: 717-787-4671 or
1-800-932-0665
FAX: 717-787-0517**

PLEASE PRINT:

Name of Person Filing Complaint _____

Address _____

STREET

CITY

STATE

ZIP CODE

Social Security Number _____ Birthdate _____

Telephone Number where you can be reached between 8:30 a.m. and 5:00 p.m. (_____) _____ — _____
(INCLUDE AREA CODE)

after 5:00 p.m. (_____) _____ — _____

Type of Work Performed _____

Location of Employment _____

STREET

CITY

COUNTY

STATE

ZIP CODE

Project Name and County Location _____

Name of Employer (Against whom the Wage Claim is filed) _____

Company Name, if any _____ Telephone Number (_____) _____ — _____

Address _____

STREET

CITY

COUNTY

STATE

ZIP CODE

Date Hired _____ Are you still employed by the named employer? YES NO

If NO, give the last date worked _____ Was your termination: Voluntary Involuntary

1. Was there a written contract of employment between you and the named employer? YES NO

If YES, please attach copy.

2. Were you notified by the named employer as to when and where you would be paid? YES NO

3. What was your regular payday to be? (check one) Weekly Bi-Weekly Monthly Other _____

4. Were wages paid to you in a form other than a check? YES NO Other (cash) _____

5. What was the latest rate of pay agreed upon between you and the named employer?

Hourly \$ _____ Weekly \$ _____ Other, please explain _____

What are the TOTAL wages claimed by you? \$ _____

COMPLETE REVERSE SIDE

WEEK ENDING DATE	CLASSIFICATION	NUMBER OF HOURS WORKED THIS WEEK	NUMBER OF DAYS WORKED THIS WEEK	RATE OF PAY PER HOUR, DAY, WEEK OR OTHER	GROSS WAGES PAID TO YOU FOR THIS WEEK	SPECIFY IF VACATION PAY, SICK LEAVE OR COMMISSION

NOTE: Failure to provide detailed information in the space provided above may make it impossible to pursue this claim on your behalf.

- 6. Did the named employer refuse to pay these wages? YES NO
If YES, the named employer's reason for refusal _____
- 7. Do you and the named employer agree as to the amount of wages due you? YES NO
If NO, what amount does the named employer acknowledge as being due? \$ _____
- 8. Has the named employer given you written confirmation of the amount due to you? YES NO
- 9. Has the named employer offered to pay you the amount to be due? YES NO
If YES, have you accepted the amount offered? YES NO
- 10. Have you agreed in writing to any deductions? YES NO
If YES, please list deductions _____
- 11. Have any deductions been made without your written agreement? YES NO
If YES, please explain _____
- 12. Do you owe any money to the named employer for any reason? YES NO
If YES, how much? \$ _____
- 13. Are you covered under a Collective Bargaining Agreement? YES NO
If YES, list the name and address of the union _____

You may use additional paper to summarize related information and wage computations.

NOTE: I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above claim of unpaid wages.

Signature of Claimant _____ Date of Complaint _____

Signature of Parent or Guardian if Claimant is under 18 years of age _____

The Bureau will contact you for any further information. Please notify the office listed on the other side of this form in the event that you are paid before the Bureau contacts you.