



# PREVAILING WAGE COMPLAINT

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. PERSON SUBMITTING INFORMATION

NAME (FIRST, MIDDLE INITIAL, LAST)	CURRENT DATE	HIRE DATE
ADDRESS	TELEPHONE (HOME)	TELEPHONE (WORK)
CITY, STATE AND ZIP CODE	COUNTY	
EMPLOYMENT STATUS (PLEASE CHECK ONE)		
<input type="checkbox"/> PRESENT EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE (SPECIFY YOUR LAST DAY WORKED) _____		
<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____		

## 2. EMPLOYER INFORMATION

NAME OF EMPLOYER	TELEPHONE
ADDRESS	
CITY, STATE AND ZIP CODE	COUNTY

## 3. PROJECT INFORMATION

THE EMPLOYER IS: <input type="checkbox"/> PRIME CONTRACTOR ON ODOT PROJECT		
<input type="checkbox"/> SUB-CONTRACTOR ON ODOT PROJECT (PLEASE PROVIDE NAME OF PRIME CONTRACTOR) _____		
PROJECT NAME	COUNTY	ODOT CONTRACT NUMBER
PROJECT MANAGER	INSPECTOR	
PROJECT FUNDING CONTAINS <input type="checkbox"/> FEDERAL FUNDS <input type="checkbox"/> STATE FUNDS ONLY		
YOUR WORK SCHEDULE		
<input type="checkbox"/> 8 HRS. PER DAY 5 DAYS PER WEEK <input type="checkbox"/> 10 HRS PER DAY, 4 DAYS PER WEEK <input type="checkbox"/> OTHER _____		
IS/WAS THIS SCHEDULE POSTED BY THE EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NOT POSTED HOW WERE YOU NOTIFIED OF THE SCHEDULE:		
<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> WRITTEN NOTICE (ATTACH COPY) <input type="checkbox"/> OTHER _____		
ARE WAGE RATES POSTED AT THE JOB SITE BY YOUR EMPLOYER OR THE PRIME CONTRACTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS PROJECT COMPLETE, OR IN CASE OF SUB CONTRACTOR IS SUB-CONTRACTOR'S WORK COMPLETE <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)		

## TYPE OF COMPLAINT

- PAID INCORRECT WAGE RATE      FRINGE BENEFITS      UNAUTHORIZED DEDUCTIONS  
 OVERTIME WAGES NOT PAID      ZONE PAY NOT PAID      OTHER \_\_\_\_\_  
 FINAL WAGES NOT PAID TIMELY      INCORRECT JOB CLASSIFICATION

WHAT HOURLY WAGE RATE WERE YOU PAID \$	WHAT JOB CLASSIFICATION WERE YOU PAID FOR
UNION STATUS	
<input type="checkbox"/> UNION (SPECIFY NAME) _____ <input type="checkbox"/> OPEN SHOP <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> ON-THE-JOB TRAINING	

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

SIGNATURE AND DATE OF PERSON FILING COMPLAINT	PRINTED NAME OF PERSON FILING COMPLAINT
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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 Dept. of Transportation, Office of Civil Rights,  
Attention Labor Compliance Officer,  
800 Airport Rd. SE,  
Salem OR 97301-4798