



## PREVAILING WAGE COMPLAINT INSTRUCTIONS

This form is to be completed **only** if your complaint is about wages owed for work you performed on a public works project for a contractor who is working, for example, on a building, road, or janitorial/maintenance project for a public agency, such as a city, county, state, school district or other public agency.

If your complaint is about general wages not on a public works project, or it is about other worker rights issues, you must use the Worker Rights Complaint form F700-148-000.

That form may be obtained by calling any L&I office listed on the next page, or at the L&I website:  
<http://www.lni.wa.gov/WorkplaceRights/>.

The Department of Labor & Industries (L&I) investigates worker rights complaints for prevailing wages including overtime and unlawful deductions listed in Box 30 on the attached Prevailing Wage Complaint. An Industrial Relations Agent who works in the county where your employer is located will handle your complaint.

Fill in the form completely to give L&I the facts about your complaint. Use a sheet of paper if you need more space.

**If you move or change telephone numbers, you must give L&I your new address/telephone number:** L&I must be able to contact you for more information or to give you information. Failure to keep L&I informed of your current address and phone number may delay L&I's investigation of your complaint and/or lead to a decision that your employer has not violated the wages you claimed.

**Important note regarding wage complaints:** L&I cannot guarantee collection of unpaid wages. You do not need to go through L&I to collect your wages. You may want to talk to a private attorney to learn more about your ability to pursue a civil lawsuit against your employer to collect unpaid wages. L&I cannot act as your attorney or give you legal advice about the best course of action for you to pursue unpaid wages from your employer.

**Length of investigation:** Prevailing wage investigations generally take 180 days to complete. Complicated investigations may take longer. L&I will contact you when we complete the investigation and make a decision regarding your complaint.

**No confidentiality:** To investigate your complaint, L&I will contact your employer. In some cases it will be necessary for L&I to tell your employer that you filed a complaint.

**What information about my complaint should I give to L&I?** L&I needs complete information about your hours and days worked and other information about your complaint. .

- Fill in the attached Prevailing Wage Complaint form completely.
- Give L&I records you have that show your complaint is correct, such as copies of time records, calendars, or any record of what days and hours you worked, the name of the project or projects where you worked, and what tasks you did. We will ask your employer for these records also
- Or, explain why you cannot provide these records.

**Additional information regarding prevailing wages on public works projects:**

- L&I cannot guarantee collection of prevailing wages.
- Prevailing wage complaints must generally be filed with L&I within 30 days of the project's acceptance date by the public agency. Acceptance date means the date the agency formally accepts the project as completed.
- If L&I finds a violation of the prevailing wages required under the Public Works Act, RCW 39.12, L&I will attempt to resolve it with your employer. If L&I cannot resolve the complaint, it may issue a Notice of Violation to the employer. The employer may appeal and receive a hearing. If this occurs, you have the right to request to intervene or to participate in the hearing.
- L&I's final order, whether favorable or not, will apply to all employees subject to the investigation.



## PREVAILING WAGE COMPLAINT INSTRUCTIONS

Please mail or take completed complaints to the L&I service location below for the county in which the employer's business is located. Please note: The address on the complaint form for Olympia is for the Olympia area only. Mail the envelope to: Industrial Relations Agent, Department of Labor and Industries, and the appropriate Post Office or street address listed below. Be sure to include the ZIP plus 4 on your envelope.

Department of Labor and Industries Service Locations				
COUNTY FAX #	CITY	MAILING / LOCATION ADDRESS		PHONE # /
Island San Juan Skagit Whatcom	MOUNT VERNON	525 East College Way, Suite H Mount Vernon, WA 98273-5500		(360) 416-3000 Fax # 416-3030
	BELLINGHAM	1720 Ellis Street, Suite 200 Bellingham, WA 98225-4647		(360) 647-7300 Fax # 647-7310
Snohomish	EVERETT	729 – 100 <sup>th</sup> Street S.E. Everett, WA 98208-3727		(425) 290-1300 Fax # 290-1399
King	SEATTLE	315 – 5 <sup>th</sup> Avenue S., Suite 200 Seattle, WA 98104-2607		(206) 515-2800 Fax # 515-2779
	BELLEVUE	616 – 120 <sup>th</sup> Avenue N.E., Suite C-201 Bellevue, WA 98005-3037		(425) 990-1400 Fax # 990-1445
	TUKWILA	(Mailing) (Street)	P. O. Box 69050, Seattle, WA 98168-1050 12806 Gateway Drive, Tukwila, WA 98168-3346	(206) 835-1000 Fax # 835-1099
Pierce	TACOMA	950 Broadway, Suite 200 Tacoma, WA 98402-4453		(253) 596-3945 Fax # 596-3956
Clallam Jefferson Kitsap	BREMERTON	500 Pacific Avenue, Suite 400 Bremerton, WA 98337-1943		(360) 415-4000 Fax # 415-4048
	PORT ANGELES	1605 East Front Street, Suite C Port Angeles, WA 98362-4628		(360) 417-2700 Fax # 417-2733
Grays Harbor Lewis Mason Thurston Pacific*	OLYMPIA	(Mailing) (Street)	P. O. Box 44510, Olympia, WA 98504-4510 7273 Linderson Way S.W., Tumwater, WA 98501	(360) 902-5313 Fax # 902-5300
	ABERDEEN	(Mailing) (Street)	P. O. Box 66, Aberdeen, WA 98520-0066 415 Wishkah Street, Suite 1-B, Aberdeen, WA 98520-0013	(360) 533-8200 Fax # 533-8220
Clark Klickitat Skamania	VANCOUVER	312 S.E. Stonemill Drive, Suite 120 Vancouver, WA 98684-6982		(360) 896-2300 Fax # 896-2345
Cowlitz Pacific* Wahkiakum	LONGVIEW	900 Ocean Beach Highway Longview, WA 98632-4013		(360) 575-6900 Fax # 575-6918
Adams* Grant* <South of I-90> Kittitas Yakima	YAKIMA	15 West Yakima Avenue, Suite 100 Yakima, WA 98902-3480		(509) 454-3700 Fax # 454-3710
Benton Columbia Franklin Walla Walla	KENNEWICK	4310 West 24 <sup>th</sup> Avenue Kennewick, WA 99338-1992		(509) 735-0100 Fax # 735-0121
Chelan Douglas Grant* <North of I-90> Okanogan	EAST WENATCHEE	519 Grant Road East Wenatchee, WA 98802-5459		(509) 886-6500 Fax # 886-6510
	MOSES LAKE	3001 West Broadway Avenue Moses Lake, WA 98837-2907		(509) 764-6900 Fax # 764-6923
Adams*(S.E.) Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	SPOKANE	901 North Monroe Street, Suite 100 Spokane, WA 99201-2149		(509) 324-2600 Fax # 324-2636
	COLVILLE	298 South Main, Suite 203 Colville, WA 99114-2416		(509) 684-7417 Fax # 684-7416
	PULLMAN	(Mailing) (Street)	P. O. Box 847, Pullman, WA 99163-0847 1250 Bishop Blvd. S.E., Suite G, Pullman WA 99163	(509) 334-5296 Fax # 334-3417

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Department of Labor & Industries  
 Prevailing Wage Program  
 PO Box 44540  
 Olympia WA 98504-4540  
 (360) 902- or 1-

L&I date stamp

# PREVAILING WAGE COMPLAINT

UBI \_\_\_\_\_  
 ESCH # \_\_\_\_\_

## Company (Employer) Information

1. Name of business		6. Name of business owner, manager or supervisor	
2. Mailing address of business		7. Business phone # ( )	8. Cell phone # ( )
3. City	State ZIP	9. FAX # ( )	10. When is your scheduled payday?
4. Address where work performed if not at main address		11. Type of business	
5. City	State ZIP	12. Has company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	13. Is company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

## Worker's Information

14. Your name (last, first, middle initial) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		20. Social Security Number	21. Home phone ( )	22. Work phone ( )
15. Home address		23. Date alleged violation occurred From To		24. Rate of pay \$
16. City	State ZIP	25. Were you under 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of birth, if under 18 when started work
17. Email address		27. If under 18, was parent authorization form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Was work performed in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Job title	19. Type of work you performed		29. List family relationship if related to employer	

30. **Type(s) of Complaint:** Check appropriate box(s). **Provide any documents you have to support your prevailing wage claim.** See #38 below.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Final wages not paid | <input type="checkbox"/> Unpaid hours worked     | <input type="checkbox"/> Paid at incorrect classification for work performed |
| <input type="checkbox"/> Unpaid overtime      | <input type="checkbox"/> Unauthorized deductions | <input type="checkbox"/> Other   |

31. Please explain the complaint items checked above.

32. Estimate # of workers affected	33. If this is a wage complaint, did you ask the employer for your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state dates you requested your wages.
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34. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Don't know	35. Date you started working for this employer	36. If no longer working for this employer, list last date worked
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37. If no longer working for this employer, give the reason(s) for leaving

38. To better assist the investigation, please provide as many of the following records as possible:

- |   |  |
|---|--|
| <input type="checkbox"/> Written wage agreement | <input type="checkbox"/> Attendance rosters              |
| <input type="checkbox"/> Shift schedules        | <input type="checkbox"/> Log books                       |
| <input type="checkbox"/> Personal time records  | <input type="checkbox"/> Payroll check stubs             |
| <input type="checkbox"/> Time card or copy      | <input type="checkbox"/> Copies of bad checks            |
|   | <input type="checkbox"/> Employee hand book if available |

List other records you can provide

\_\_\_\_\_

\_\_\_\_\_

**Wage Information**

**Worker Rights Complaint continued**

39. How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily			40. Do you have a written employment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy		
41. Are you represented by a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. Excluding taxes, have you authorized any other deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? If available, provide copy of written authorization			
43. Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. Are overtime hours on time cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Were overtime hours recorded by your employer by another method? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
46. Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. Do you have your pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies		48. Do you have a record of payment other than pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. When is/was the scheduled payday for these wages?			50. Do you have any outstanding loans/advances owing to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate amount owed. \$		
51. Do you have any property belonging to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:			52. Do you have an attorney who is working to collect the wages for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Wages Owed (Documentation requested)**

53. Rate of pay \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				54. Other rate of pay. Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Sq ft <input type="checkbox"/> Flat rate <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
55. From _____ To _____		56. How many hours due?		57. Partial payment received \$ _____		58. What pay is due you before taxes? \$ _____	
59. Reason employer gave for refusing to resolve your complaint or payment of wages							

**Prevailing Wage & Project Information** If you are filing a complaint against an employer on more than one project, complete blocks 60-74 for each project. Extra copies of this section may be provided upon request. Prevailing wage investigations generally take 180 days. Complex complaint investigations may take longer.

60. Project name			61. Awarding agency (public entity for whom work is being performed)				
62. Name of general contractor (prime contractor)			63. Location where you worked				
64. Prime Contractor's phone number ( )		65. Job classification (type of work performed)				66. Hourly rate paid \$	
67. Prevailing wage rate required (if known) \$		68. First date you worked on project		69. Last date you worked on project		70. Was an 'Intent to Pay Prevailing Wage' form posted on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
71. Is project completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		72. Project completion date		73. Place a checkmark in the boxes below for any benefits provided by the employer <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> Pension <input type="checkbox"/> Holidays <input type="checkbox"/> Other			
74. If "other" is checked in the previous question, please explain other benefit(s)							

**Your Contact Person Information and Signature**

75. Please provide information of a contact person NOT living with you who will always know how to reach you. This is necessary in the event we cannot locate you.

Name	Phone number
Address	
City	State ZIP

**To the best of my knowledge, the information I have entered on this form is true and accurate.**

76. Date	77. Signature
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