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
## Caltrans Labor Compliance Program
### Prevailing Wage Complaint Form–2

**For Office Use Only**
- Received by: 
- Date received: 
- Tracking number: 
- Employee contacted:  
- Date contacted: 

### COMPLAINANT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>Other Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EMPLOYER INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Are you still employed by this employer?  
  - Yes  
  - No  
- If NO, last date worked: 
- Was your termination:  
  - Voluntary  
  - Involuntary

### PROJECT INFORMATION

<table>
<thead>
<tr>
<th>Project Number or Name:</th>
<th>Prime Contractor:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Type of Construction:  
  - Road  
  - Bridge  
  - Building  
  - Other: ___  
- Is the Project Complete?  
  - Yes  
  - No  
  - Unknown

<table>
<thead>
<tr>
<th>Location: Highway or Street:</th>
<th>City:</th>
<th>County:</th>
<th>Crossroad or Intersection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Did you keep a record of the days and hours worked on this project?  
  - Yes  
  - 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):  
  - Wage Rate  
  - Overtime  
  - Fringes  
  - Classification

<table>
<thead>
<tr>
<th>Dates worked on this project:</th>
<th>Total hours worked on this project:</th>
<th>How often were you paid?</th>
</tr>
</thead>
</table>
| From: _____ To: _____ | REG: _____ OT: _____ | Weekly  
  - Monthly  
  - Bi-Weekly  
  - Other: _____ |

| Hourly Rate of Pay for: | Were you paid overtime at 1½ times your hourly rate of pay after: | Did you work on a shift schedule?  
  - 8 hours/day?  
  - 40 hours/week? |
|------------------------|-------------------------------------------------------------------|--------------------------|
| REG | OT | $ _____ | $ _____ | Yes  
  - No  
  - If yes, which shift?  
  - Day  
  - Night |

- Has your employer advanced any money to you?  
  - Yes  
  - No  
- If yes, how much? $ _____
- Were you an apprentice?  
  - Yes  
  - No
- Which trade?  
  - Training % level: ___
- Hours worked recorded by:  
  - Timecard/sheet  
  - Called into office  
  - Recorded by foreman  
  - Other: ____
- How were you paid?  
  - Check  
  - Check and Cash  
  - Cash  
  - Other: ____
Caltrans Labor Compliance Program

**Prevailing Wage Complaint Form–2**

<table>
<thead>
<tr>
<th><strong>Did you receive any fringe benefits?</strong></th>
<th><strong>Did you receive travel and living expenses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No If yes, select below:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Health Insurance □ Training □ Vacation □ Life Insurance □ Sick Leave □ Holidays</td>
<td>How much? $ _____per □ hour / □ day</td>
</tr>
</tbody>
</table>

| □ Pension □ Other: _____                  |                                              |

**Did you receive cash payment for fringes?** □ Yes □ No If yes, how much $ _____

**Did you haul material ONTO the project?** □ Yes □ No

<table>
<thead>
<tr>
<th>Type of material hauled:</th>
<th>Name and location of pits:</th>
</tr>
</thead>
</table>

**Did you haul material OFF the project?** □ Yes □ No

<table>
<thead>
<tr>
<th>Type of material hauled:</th>
<th>Name and Location of Pits:</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Have any deductions been made without your written agreement?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

**Explain:**

List type and amount of hourly deductions taken by the employer from the total hourly rate of pay:

<table>
<thead>
<tr>
<th>Are you covered under a Collective Bargaining Agreement?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

**Trade and Local Number:**

<table>
<thead>
<tr>
<th>Were you ever required to return any earned wages to your employer after you were paid?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

**Dates:**

**Additional Comments:**

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**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: ________________