

Instructions:

Prevailing wage complaints L&I accepts:

- Projects subject to provisions of Washington State Public Works Act (RCW 39.12). Complaints may be filed when there is a violation of state law.
- **Complaints must be within 60 days of the date the public agency accepted the project as complete.**

Workers who need to file a prevailing wage complaint can utilize a Worker Complaint Form (F700-146-000). This form may be obtained at: www.Lni.wa.gov/go/F700-146-000.

L&I cannot accept these types of complaints:

- The Department cannot take action on disputes related to employment agreements in excess of what the law provides (i.e. collective bargaining agreements) as the Department has no enforcement authority for such agreements unless there is a violation of state statutes.
- Work performed outside of the State of Washington.

How to file an Interested Party Complaint:

- Complete the entire form and sign it. It is your responsibility to substantiate the validity of the complaint. At the time of filing, you must supply documents or records that support the complaint. If you cannot provide these documents, then please explain why the documents and records cannot be supplied.

Please provide a list of names, addresses, and phone numbers of any workers, individuals, agencies, or interested parties who can verify information concerning the alleged violation(s) or have access to documentation to support your allegation(s). The following is a list of useful documents:

- | | | |
|---|---|---|
| <input type="checkbox"/> Wage transcriptions / computation sheets | <input type="checkbox"/> Written wage agreement | <input type="checkbox"/> Shift schedules |
| <input type="checkbox"/> Payroll check stubs | <input type="checkbox"/> Employer-maintained time records | <input type="checkbox"/> Worker-maintained time records |
| <input type="checkbox"/> Attendance rosters | <input type="checkbox"/> Employee handbook | <input type="checkbox"/> Worker interviews/statements |
| <input type="checkbox"/> Copies of bad checks | <input type="checkbox"/> Copies of any correspondence | |

- A separate complaint form must be submitted for each project in which you have a substantiated violation.
- Determine if Statements of Intent to Pay Prevailing Wage (Intent) or Affidavit of Wages Paid (Affidavit) have been filed and indicate the number(s) on the form.
 - If you cannot locate form(s) on file, contact alleged violated/prime contractor/awarding agency for information as to filing status and, if filed, obtain copies.
- Please provide all requested dates such as work start dates, expected completion date, or completion date, and acceptance date or project acceptance date. Additionally, if accepted, state the manner of acceptance.

Suggested Investigative Procedures:

- Contact the prime contractor to advise them of the specifics of the complaint. Ask them for assistance in achieving compliance with the alleged violator.

Obtain the following information and copies of documentation, if available:

- A contact person calls/correspondence should be addressed to.
- **The current status of the project and when completion and/or acceptance are anticipated.**
- Verify bid due date/contract award date.
- A copy of the contract with the subcontractor and/or awarding agency.
- Awarding agency information such as name, address, and contact person.
- If certified payroll records and 4/10 work agreements are on file.
- If the project manager/inspector kept a daily/weekly log of manpower reports on the alleged violator.
- The Intent and/or Affidavit identification number of the violator.

- Contact the awarding agency to advise them of the specifics of the complaint. Ask them for assistance in achieving compliance with the alleged violator.

Obtain the following information and copies of documentation, if available:

- The division that is responsible for the project.
- A contact person calls/correspondence should be addressed to.
- **The current status of the project and when completion and/or acceptance are anticipated.**
- Verify bid due date/contract award date.
- A copy of the contract with the subcontractor and/or awarding agency.
- Awarding agency information such as name, address, and contact person.
- If certified payroll records and 4/10 work agreements are on file.
- If the project manager/inspector kept a daily/weekly log of manpower reports on the alleged violator.
- Where liens are filed, lien information, lien custodians, and if any other liens have been filed.

If your prevailing wage complaint is accepted by L&I, we:

- Assign an Industrial Relations Agent to investigate your complaint.
- 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.

Mail the completed and signed forms to:

Department of Labor & Industries
Prevailing Wage Program
PO Box 44540
Olympia WA 98504-4540

Prevailing Wage Interested Party Complaint

For L&I Use Only

L&I Date Stamp:

For L&I Use Only

UBI: (Use this to find employer)

PWCT Investigation ID:

Alleged Violator Information / Per Project

Name of Company	Name of Company Owner, Manager, or Supervisor		
Company UBI	Company Contractor Registration Number (if registered)		
Company Mailing Address	City	State	Zip Code
Company Phone	Company Cell Phone		
Company Email Address			
Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			
Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Date work started by alleged violator	Last date worked by alleged violator		
Has a Statement of Intent to Pay Prevailing Wage been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", # _____	Has an Affidavit of Wages Paid been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", # _____		
Did you obtain a copy of the alleged violator's contract for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a copy.	Are there certified payroll records for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a copy.		
Does the firm have signed 4/10 work agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a copy.			

Interested Party Information

Organization Name			
Name of Complainant	Title		
Mailing Address	City	State	Zip Code
Phone	Cell Phone		
Email Address			

Alleged Complaint Information

Type(s) of Complaint: (You may check more than one box)

- Non-Payment of Prevailing Wage (Employer did not pay any prevailing wage rate(s) to employees.)
- Incorrect Scope of Work (Misclassification – employer paid me at the wrong prevailing wage rate.)
- Incorrect Hourly Rate (Employer used correct scope of work but paid less than the required prevailing wage rate(s).)
- Unpaid Overtime (Overtime is unpaid and/or calculated at the wrong rate.)
- Fringe (Usual) Benefits (Employer took a fringe credit but benefits were not provided and/or not bona fide and/or credit calculated wrong.)
- Apprenticeship Prevailing Wage Rate Violation
- Travel Time Prevailing Wage Rate Violations
- False or Failure to File Intent
- False or Failure to File Affidavit
- False or Failure to File Certified Payroll

Nature of violation(s): Statement explaining the violation(s); cover classification(s)/regulations involved.

Statement of actions taken by complainant: Overview of investigation (i.e. visited job site, interviewed workers, contacted AA/prime).

Statement outlining evidence/documentation/information gathered to substantiate the alleged violation.

Wages You Believe are Owed to the Workers

Have you performed an audit to ascertain the amount of wages you believe are due?

Yes No If "Yes", attach a copy of your audit and documentation then provide the following:

Gross Amount Owed
\$

Number of Workers

If known, how often the alleged violator pay workers?

Monthly Bi-Monthly Weekly Bi-Weekly Daily Other: _____

If known, what benefits does the alleged violator provide?

Medical Dental Vacation Pension Holiday Other: _____

Public Works Project Information

Project Name			
Project Site Address		City	State Zip Code
Contract Number		Contractor Amount (if known) \$	
Prime Contractor Phone Number	Job Classification (type of work performed)		Hourly Rate Paid \$
Bid Due Date	Award Date	Date Work Started	Expected Completion Date (if not completed)
If not accepted, anticipated date		Manner of acceptance (i.e. letter, minutes, etc.)	

Description of Project

Awarding Agency		Awarding Agency Contact / Title	
Awarding Agency Address		City	State Zip Code
Awarding Agency Phone		Awarding Agency Fax	
Awarding Agency Email Address (if known)			
Prime Contractor (if not violator)		Prime Contractor Contact / Title	
Prime Contractor UBI		Prime Contractor Registration Number (if registered)	
Prime Contractor Address		City	State Zip Code
Prime Contractor Phone		Prime Contractor Cell Phone	
Prime Contractor Email Address (if known)			
Has the Prime Contractor Filed an Intent? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", # _____		Has Prime Contractor Filed an Affidavit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", # _____	

Interested Party Signature (Required)

Signature _____

Date _____