

## Instructions:

Type of prevailing wage complaints L&I accepts:

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

**Complaints must be filed within 30 days of the date the public agency accepted the project as complete.**

Important: L&I cannot guarantee the collection of unpaid wages. A private attorney may be necessary to assess your ability to pursue a civil lawsuit against your employer to collect unpaid wages. L&I cannot act as your attorney or provide legal advice.

If your complaint is about general wages, not a public works project or it's about other worker rights issues, you must use the [Worker Rights Complaint form \(F700-148-000\)](#).

You can get a copy of the [Worker Rights Complaint](#) form by calling or visiting any L&I office listed on the next page or online at [www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights).

Substantiated prevailing wage complaints for non-workers must be filed on the Interested Party Prevailing Wage Complaint form F700-129-000. That form may be obtained at the following link:  
<http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2190>.

L&I does not accept complaints against a business in which you are an owner or against a business that owes money to a company you own.

How to file your prevailing wage complaint

- Complete and sign the attached form. A separate sheet of paper may be used if you need to explain your complaint.
- Attach any information or records, such as time sheets/cards, calendars, or any personal records you have to show the days and hours you worked and the tasks you performed. This is important to understand your complaint.
- If you are filing a complaint against an employer for work performed in Washington State on more than one public works project, you must provide project information on all projects in which you are owed wages (The "Prevailing Wage Project" section must be completed for each project. Use an additional sheet of paper or make/request additional copies of this section of the form.)
- Mail or bring the form and records to the L&I office in the county where the business is located (see back of sheet.)

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.

**Important: L&I may receive a request for public records under Washington's Public Records Act for records relating to your complaint. After the case is resolved, and possibly during the investigation, L&I will have to disclose this information to the person requesting the complaint record.**

# Prevailing Wage Worker Complaint

Mail or take completed forms to the L&I office for the county in where the employer's business is located. If there are multiple offices listed, you can send your complaint to any office listed for those counties.

County	L&I Office		Phone/Fax Number
Island San Juan Skagit Whatcom	<b>Mount Vernon</b> 525 East College Way Suite H Mount Vernon WA 98273-5500 <b>OR</b> <b>Bellingham</b> 1720 Ellis Street Suite 200 Bellingham WA 98225-4647		Mount Vernon Phone: 360-416-3000 Fax: 360-416-3030 <b>OR</b> Bellingham Phone: 360-647-7300 Fax: 360-647-7310
Snohomish	<b>Everett</b> 729 100 <sup>th</sup> Street SE Everett WA 98208-3727		Phone: 425-290-1300 Fax: 425-290-1399
King	<b>Seattle</b> 315 5 <sup>th</sup> Ave S Suite 200 Seattle WA 98104-2607 <b>OR</b> <b>Bellevue</b> 616 120 <sup>th</sup> Ave NE Suite C-201 Bellevue WA 98005-3037 <b>OR</b> <b>Tukwila</b> 12806 Gateway Dr. S Tukwila WA 98168-3346		Seattle: Phone: 206-515-2800 Fax: 206-515-2779 <b>OR</b> Bellevue: Phone: 425-990-1400 Fax: 425-991-1445 <b>OR</b> Tukwila Phone: 206-835-1000 Fax: 206-835-1099
Pierce	<b>Tacoma</b> 950 Broadway Suite 200 Tacoma WA 98402-4453		Tacoma Phone: 253-596-3945 Fax: 253-596-3956
Clallam Jefferson Kitsap	<b>Silverdale</b> 10049 Kitsap Mall Blvd Suite 100 Silverdale WA 98383 <b>OR</b> <b>Sequim</b> 542 W. Washington St. Sequim WA 98392		Silverdale Phone: 360-308-2800 Fax: 360-308-2848 <b>OR</b> Sequim Phone: 360-417-2700 Fax: 360-417-2733
Grays Harbor Lewis Mason Thurston Pacific	<b>Olympia (Mailing)</b> PO Box 44540 Olympia WA 98504-4540 <b>OR</b> <b>Aberdeen</b> 415 W Wishkah St Suite 1C Aberdeen WA 98520-4315	<b>Olympia (Location)</b> 7273 Linderson Way SW Tumwater WA 98501	Olympia Phone: 360-902-5335 Fax: 360-902-5300 <b>OR</b> Aberdeen Phone: 360-533-8200 Fax: 360-533-8220
Clark Klickitat Skamania	<b>Vancouver</b> 312 SE Stonemill Dr Suite 120 Vancouver WA 98684-6982		Vancouver Phone: 360-896-2300 Fax: 360-896-2345
Cowlitz Pacific Wahkiakum	<b>Longview</b> 711 Vine Street Kelso WA 98562-2650		Kelso 360-575-6900 Fax: 360-575-6918



# Prevailing Wage Worker Complaint

Send completed forms to appropriate office.  
See list on previous page.

For L&I Use only

For L&I Use only

L&I Date Stamp:
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UBI:
CATS - HUB #:

## Employer Information

Name of Company			Name of Company owner, manager, or supervisor		
Company Mailing Address			Company Phone	Company Cell Phone	
City	State	Zip	Fax	E-mail address if known	
Address where you worked if not at the above address			Type of Company (i.e: construction, janitorial)		
City	State	Zip			
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		

## Worker Information

Language preference (Check one)					
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Korean	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other		
Your name (last, first, middle initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				Social Security Number	
Mailing Address			City	State	Zip
Home Phone Number	Cell Phone Number	Email Address		Was the work performed in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Important:**

IF you or your attorney have already filed a complaint about these wages in court, we cannot accept your claim.

## Wage Complaint Information

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

- Unpaid Hours Worked (Paid at correct rate – just not for all hours worked)
- Fringe (Usual) Benefits: (Employer took a fringe credit but benefits were not provided and/or not bona fide and/or credit calculated wrong.)
- Paid at incorrect classification for work performed or failure to pay the prevailing rate of pay. (Employer paid me at the wrong prevailing wage rate and/or did not pay prevailing wage.)
- Unpaid Overtime (Overtime is unpaid and/or calculated at the wrong rate)
- Unauthorized Deduction (Employer made a deduction from my gross wages that I did not authorize.)
- Failure to file (check all that apply)     Intent     Affidavit     Certified Payroll
- False Filing (check all that apply)     Intent     Affidavit     Certified Payroll

Tell us in detail why you are filing this complaint: You may attach additional sheets if you need more room.

Provide any document(s) you have to support your prevailing wage claim

Were other workers affected?     Yes     No    If yes, how many? \_\_\_\_\_

Did you ask the employer for your wages?     Yes     No    If yes, state dates: \_\_\_\_\_

Are you still working for this employer?     Yes     No    Date you started? \_\_\_\_\_

If no longer working for this employer, give reason:     Quit     Fired     Laid Off     Don't Know  
 Other: \_\_\_\_\_

Date last worked: \_\_\_\_\_

To better assist the investigation, please provide as many of the following records as possible.	List other records you can provide
<input type="checkbox"/> Written wage agreement	<input type="checkbox"/> Attendance rosters <input type="checkbox"/> Log Books <input type="checkbox"/> Payroll check stubs/statements <input type="checkbox"/> Copies of bad checks <input type="checkbox"/> Employee Handbook/Manual
<input type="checkbox"/> Shift schedules	
<input type="checkbox"/> Personal time records	
<input type="checkbox"/> Time Card	
<input type="checkbox"/> Copies of any correspondence	

How Often are you paid?

- Monthly     Bi-Monthly     Weekly     Bi-Weekly     Daily     Other \_\_\_\_\_

Do you have a written employment agreement?     Yes     No    If yes, provide copy

Are you represented by a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		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.	
Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are overtime hours on time cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your employer record overtime hours by another method? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have your pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies	Do you have a record of payment other than pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No
When is/was the scheduled payday for these wages? _____		Do you have an attorney who is working to collect the wages for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, we cannot accept your complaint.</b>	

**What wages do you believe are owed to you?**

Rate of Pay per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Other rate of pay per: <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission Sq ft <input type="checkbox"/> Flat Rate <input type="checkbox"/> Other _____	
\$ _____		\$ _____	
Wages owed: \$ _____ From _____ - _____	For how many hours? _____	Did you receive partial payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	What pay is owed to you before taxes? _____
Reason employer gave for not paying you:   			

**Prevailing Wage Project Information:**

If you are filing a complaint against an employer on more than one project, please complete a separate "Prevailing Wage Project Information" section for each project. You do not need to complete the whole complaint form for each project.

Project Name		Awarding agency (public entity for whom work is being performed)	
Name of general contractor (prime contractor)		Location where you worked	
Prime contractor's phone number	Job classification (type of work performed)	Hourly rate paid	
Prevailing wage rate required (if known) \$ _____	First day you worked on project _____	Last date you worked on project _____	Was an "Intent to Pay Prevailing Wages: form posted on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the project completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project completion date: _____	Place a check mark 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"/> Holiday <input type="checkbox"/> Other	
If "other" is checked in the previous question, please explain other benefit(s)   			

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<b>Contact Person Information</b>
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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. (Must be different address and phone number than your own.)

Your Contact's Name		
Address		
City	State	Zip
Contact phone number	Contact cell phone number	Contact work phone number

**Worker Signature Required**

Signature	Date
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