

DEPARTMENT OF TRANSPORTATION
DIVISION OF CONSTRUCTION
DISTRICT XX
ADDRESS
CITY, STATE ZIP
PHONE XXX-XXX-XXXX
FAX XXX-XXX-XXXX
TTY 711
www.dot.ca.gov



*Making Conservation
a California Way of Life.*

NOTICE OF COMPLAINT ASSIGNMENT

[Date]

[Mr. or Ms. Complainant's Name]

[Address]

[City, ST ZIP]

Dear [Mr. or Ms. Complainant's Last Name]:

The Labor Compliance Program for the California Department of Transportation (Caltrans) received your March 13, 2019, written complaint against [Prime or Subcontractor's Name] for alleged prevailing wage violations on Caltrans contract number(s) [Contract #(s)]. *(For verbal complaints, include the following sentence and enclosure: "To assist Caltrans with investigating your complaint, a Prevailing Wage Complaint form is enclosed. Please complete the complaint form and return it to the above address by [Date 30 days from date of letter].")*

Your complaint has been assigned to [Labor Compliance Officer's Name] for investigation. You will be contacted if further information is required to complete the investigation. If you have any questions, please contact [Labor Compliance Officer's Name] at [phone number].

Sincerely,

[NAME IN ALL CAPS]

(District #/Region Labor Compliance Manager or Officer)

c: [Name, Title, Office]

*(These names appear on the original letter and all copies of the original letter.
Anyone mentioned in the body of the letter should be listed in the copies.)*

(For verbal complaints, include the enclosure.)

Enclosure: Prevailing Wage Complaint Form