

DEPARTMENT OF TRANSPORTATION

DIVISION OF CONSTRUCTION

DISTRICT

ADDRESS

CITY, STATE ZIP

PHONE

FAX

TTY 711

www.dot.ca.gov



Making Conservation
a California Way of Life.

NOTICE OF COMPLAINT CLOSED

[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) has completed its investigation of your prevailing wage complaint against [Prime or Subcontractor's Name] on Caltrans contract number(s) [Contract #(s)]. The Labor Compliance Program concludes the following:

(Provide the explanation of the violations and resulting resolutions—that is, restitution and so forth—or explain why prevailing wages are not due and what brought you to that conclusion.)

Caltrans has concluded its investigation, and your complaint is now closed. If you have questions, please contact [Labor Compliance Officer's Name] at [Phone Number].

Sincerely,

[NAME IN ALL CAPS]

(District # or 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.)