

California Department of Transportation

DIVISION OF CONSTRUCTION
DISTRICT
ADDRESS
CITY, STATE, ZIP
PHONE
FAX
TTY 711
www.dot.ca.gov



NOTICE OF COMPLAINT FILED

[Date]

[Prime Contractor's Name]

[Address]

[City, ST ZIP]

Dear [Prime Contractor's Name]:

The Labor Compliance Program for the Department of Transportation (Caltrans) received a complaint against subcontractor, [Subcontractor's Name] concerning payment of prevailing wages on contract number(s) [Contract #(s)]. The Labor Compliance Program will investigate the complaint and contact you if further information is required.

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.)