

California Department of Transportation



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

NOTICE OF COMPLAINT STATUS

[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 Department of Transportation (Caltrans) received your [written or verbal] complaint against the [Prime or Subcontractor's Name] for alleged prevailing wage violations on Caltrans contract number(s) [Contract #(s)].

- The Labor Compliance Program is continuing its investigation of your complaint.
- Additional information is needed. Please provide the following information by [Date 30 days from date of letter]:
[List specific items and information needed.]

If you have 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.)