



PREVAILING WAGE COMPLAINT FORM

The California Department of Transportation (Caltrans) Labor Compliance Program accepts complaints involving nonpayment of prevailing wages for work performed on a Caltrans contract funded in whole or in part with federal or state funds. If you suspect your employer has not compensated you appropriately, complete the Prevailing Wage Complaint Form and submit it to the office designated below.

Instructions

1. **Form submission guidelines:**

If your complaint involves more than one employer on the same project, submit a form for each employer. If your complaint involves more than one project, submit a form for each project.

Note: Forms that list multiple employers, projects, or that are not properly completed or signed will be returned to you for additional information.

2. To submit this form electronically, please be sure you are using either Google Chrome or Internet Explorer. Once the form is completed, click the “Submit Form” button in the upper right-hand corner of this form. Please be sure to list your email address and full name before clicking the “send” button.

3. You can print out and mail the form to the address below. For additional forms, visit our website: [Caltrans Division of Construction Labor Compliance](#)

4. **Answer questions as completely as possible.**

You do not have to answer every question. If you do not have a response, write or type “unknown” in the space provided. If you cannot be specific, give a general or an estimated response.

5. **Complete all sections that pertain to your hours worked.**

If you need more space, attach additional sheets.

6. If you have personal records related to the work you performed on this project (for example, check stubs, time cards, log books, haul slips, and so on.), make copies and submit them with this complaint. **Keep your original records.**

7. **Keep a copy of your complaint for your records. Send completed and signed complaint forms to The Department of Transportation at:**

California Department of Transportation
Division of Construction Labor Compliance
1120 N Street, MS 44
Sacramento, CA 95814
Email: Prevailing.Wage.Complaints@dot.ca.gov

Caltrans Labor Compliance Program
Prevailing Wage Complaint Form – Page 2

For Office Use Only	
Received by:	Date received:
Tracking number:	
Employee contacted?	Date contacted:

COMPLAINANT INFORMATION

Name:		Email Address:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	Other:

EMPLOYER INFORMATION

Name:		Address:	
City:	State:	Zip:	Telephone:
Are you still employed by this employer? Yes No	If NO, last date worked:	Was your termination: Voluntary Involuntary	

PROJECT INFORMATION

Project Number or Name:		Prime Contractor:	
Type of Construction: Road Bridge Building Other:		Is the project complete? Yes No Unknown	
Location: (Highway or Street)	City:	County:	Crossroad or Intersection:

List work performed, and tools used:

Work Performed (be specific)	Tools or Equipment Used (model or equipment number)

Did you keep a record of the days and hours worked on this project? Yes No

WAGE AND HOUR INFORMATION

Nature of complaint (Select all that apply): Wage Rate Overtime Fringes Classification		Job Title:	
Dates worked on this project: From: To:	Total hours worked on this project: REG: OT:	How often were you paid? Weekly Monthly Bi-Weekly Other:	
Hourly rate of pay for: REG OT	Were you paid at 1 ½ times your hourly rate of pay after: 8 hours per day? Yes No 40 hours per week? Yes No	Did you work on a shift schedule? Yes No If YES, which shift? Day Night	
Has your employed advanced any money to you? Yes No If YES, how much?	Were you an apprentice? Yes No Which trade? Training percent level:	Hour worked recorded by: Timecard/sheet Called into office Recorded by foreman Other:	How were you paid? Check Check and cash Cash: Other:

Caltrans Labor Compliance Program
Prevailing Wage Complaint Form – Page 3

WAGE AND HOUR INFORMATION CONTINUED

Did you receive any fringe benefits? Yes No If YES, select all that apply: Health Insurance Training Vacation Life Insurance Sick Leave Holidays Pension Other:	Did you receive travel and living expenses? Yes No How much? Per hour/ day
Did you receive cash payment for fringes? Yes No If YES, how much?	

Did you haul material ONTO the project? Yes No

Type of Material hauled:	Name and location of pits:
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Did you haul material OFF the project? Yes No

Type of Material hauled:	Name and location of pits:
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ADDITIONAL INFORMATION

Are there any inspectors, other employees, or foremen/supervisors who can verify your work performed on this project? Please list names, titles, and contact information:

Have any deductions been made without your written agreement? Yes No
 Explain:

List type and amount of hourly deductions taken by the employer from the total hourly rate of pay:

Are you covered under a Collective Bargaining Agreement? Yes No
 Trade and Local Number:

Were you ever required to return any earned wages to your employer after you were paid? (kickback) Yes No
 Dates:

Additional Comments:

Does Caltrans have permission to use your name to resolve this wage issue? Yes No
 To the best of my knowledge, the information that I have provided is true and accurate.

Complainant's Signature:

Date: