

Claim Number:**PREVAILING WAGE COMPLAINT**

Michigan Department Labor and Economic Opportunity
Wage and Hour Division

Mailing Address: Street Address:
P.O. Box 30476 530 W. Allegan St.
Lansing, MI 48909-7976 Lansing, MI 48933
Toll Free: 1-855-464-9243 Facsimile: 517-763-0110
Website: www.michigan.gov/wagehour

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available, upon request, to individuals with disabilities. Please call 1-855-464-9243 to make your needs known to this agency.

AUTHORITY: PUBLIC ACT 10 OF 2023, AS AMENDED
COMPLETION: VOLUNTARY
PENALTY: NONE

Attach with complaint sufficient evidence to support your allegation (i.e., payroll records, project's prevailing wage rates, pay stubs, etc.)

COMPLAINANT INFORMATION Complete only one section: A or B. A=Individual B=Third Party

A. EMPLOYEE NAME: (if filing as an individual)

B. NAME: (if filing as a third party)

LAST FOUR DIGITS OF SOCIAL SECURITY #: (if filing as an individual)

ORGANIZATION YOU REPRESENT: (if filing as a third party)

DATE OF BIRTH: (if filing as an individual)

ADDRESS (if you completed Section A, use individual's address; if you completed Section B, use organization's address)

CITY, STATE, ZIP:

COUNTY:

TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 8:00 A.M. AND 5:00 P.M., MONDAY THRU FRIDAY:

EMPLOYER INFORMATION

CONTRACTOR/SUBCONTRACTOR NAME:

ADDRESS:

CITY, STATE, ZIP:

COUNTY:

TELEPHONE NUMBER:

PROJECT INFORMATION

CONTRACTING AGENT (i.e., school, state agency, university, etc.):

CONTRACTING AGENT ADDRESS:

CITY, STATE, ZIP:

TELEPHONE NUMBER:

PROJECT NAME:

PROJECT DESCRIPTION:

PROJECT LOCATION (STREET ADDRESS, CITY, COUNTY, STATE and ZIP):

DATES WORKED ON THE PROJECT:

EMPLOYEE JOB CLASSIFICATION(S) (i.e., carpenter, plumber, electrician, etc.)

IS EMPLOYEE AN APPRENTICE? Yes No

IF YES, APPROXIMATELY HOW MANY APPRENTICES ON SITE?

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ALLEGATION OF COMPLAINT

ATTACH WITH COMPLAINT SUFFICIENT EVIDENCE TO SUPPORT YOUR ALLEGATION (I.E., PAYROLL RECORDS, PROJECT'S PREVAILING WAGE RATES, PAY STUBS, ETC.)

DESCRIBE THE COMPLAINT – Include in detail the tasks performed on this project and identify the working title of the job classification.

How did you determine the contractor was in violation of the prevailing wage law?

What was the specific job title of the employee(s)?

Please describe in detail the specific job duties the employee(s) was required to perform.

Did the employee(s) supervise others? Yes No

Who is the direct supervisor of the employee(s)?

What was the hourly rate of pay for the employee(s)?

Start date of employment:

End date of employment:

Check any fringe benefits the employer provided:

- | | |
|--|--|
| <input type="checkbox"/> health and welfare contributions | <input type="checkbox"/> vacation pay |
| <input type="checkbox"/> pension or retirement contributions | <input type="checkbox"/> medical insurance |
| <input type="checkbox"/> profit sharing distribution | <input type="checkbox"/> life insurance |
| <input type="checkbox"/> annuity fund or tax deferred savings plan contributions | <input type="checkbox"/> holiday pay |
| <input type="checkbox"/> supplemental employment fund contributions | <input type="checkbox"/> bonus |
| <input type="checkbox"/> education or training fund contributions | <input type="checkbox"/> scholarship contributions |

Any additional information you wish to add: