

Instructions:

Type of prevailing wage complaints L&I accepts:

This form is to be completed **only** if your complaint is about wages owed for work you performed in Washington State on a public works project. A “Public Works Project” is any work on a building, road, or janitorial/maintenance project for a public agency such as a city, county, state, school district, or other public agency.

Complaints must be filed within 60 days of the date the public agency accepted the project as complete.

Important: L&I cannot guarantee the collection of unpaid wages. A private attorney may be necessary to assess your ability to pursue a civil lawsuit against your employer to collect unpaid wages. L&I cannot act as your attorney or provide legal advice.

If your complaint is about general wages, not a public works project or it's about other worker rights issues, you must use the [Worker Rights Complaint form \(F700-148-000\)](#).

You can get a copy of the [Worker Rights Complaint](#) form by calling or visiting any L&I office listed online at www.Lni.wa.gov/WorkplaceRights.

Substantiated prevailing wage complaints for someone other than the worker, must be filed on the Interested Party Prevailing Wage Complaint form F700-129-000. That form may be obtained at the following link: www.Lni.wa.gov/go/F700-129-000.

L&I does not accept complaints against a business in which you own 30% or more or against a business that owes money to a company you own.

How to file your prevailing wage complaint

- Complete and sign the attached form. A separate sheet of paper may be used if you need to explain your complaint.
- Attach any information or records, such as time sheets/cards, calendars, or any personal records you have to show the days and hours you worked and the tasks you performed. This is important to help L&I staff better understand your complaint.
- If you are filing a complaint against an employer for work performed in Washington State on more than one public works project, you must provide project information on all projects in which you are owed wages (The “Prevailing Wage Project” section must be completed for each project. Use an additional sheet of paper or make/request additional copies of this section of the form.) You can find project information on L&I’s website at: www.Lni.wa.gov/TradesLicensing/PrevWage/IntentAffidavits/View/default.asp
- Mail the form and records to the address listed on this form.

If your prevailing wage complaint is accepted by L&I, we:

- Assign an Industrial Relations Agent to investigate your complaint.
- Prevailing wage investigations generally take 180 days to complete. Complicated investigations may take longer. L&I will contact you when we complete the investigation and make a decision regarding your complaint.

Important: All information provided in this complaint is subject to public disclosure under Washington's Public Records Act.



Prevailing Wage Worker Complaint

Please mail the completed and signed form to:

Department of Labor & Industries
Prevailing Wage Program
PO Box 44540
Olympia WA 98504-4540



Prevailing Wage Worker Complaint

Send completed forms to appropriate office.
See list on previous page.

For L&I Use Only

L&I Date Stamp:

For L&I Use Only

UBI: (Use this to find employer)
PWCT Investigation ID:

Employer Information

Name of Company		Name of Company Owner, Manager, or Supervisor	
Company Mailing Address		City	State Zip Code
Company Phone	Company Cell Phone	E-mail address if known	
Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			

Worker Information

Language Preference (Check one)			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Korean <input type="checkbox"/> Chinese
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other
Your Name (Last, First, Middle Initial)			Social Security Number
Mailing Address		City	State Zip
Home Phone Number	Cell Phone Number	Email Address	

Important:

IF you or your attorney have already filed a complaint about these wages in court, we cannot accept your claim.

Wage Complaint Information

Type(s) of Complaint: (You may check more than one box)

- Non-Payment of Prevailing Wage (Employer did not pay any prevailing wage rate(s) to employees.)
- Incorrect Scope of Work (Misclassification – employer paid me at the wrong prevailing wage rate.)
- Incorrect Hourly Rate (Employer used correct scope of work, but paid less than the required prevailing wage rate(s)).
- Unpaid Overtime (Overtime is unpaid and/or calculated at the wrong rate).
- Fringe (Usual) Benefits (Employer took a fringe credit but benefits were not provided and/or not bona fide and/or credit calculated wrong.
- Apprenticeship Prevailing Wage Rate Violation
- Travel Time Prevailing Wage Rate Violations

Tell us in detail why you are filing this complaint: You may attach additional sheets if you need more room.

Provide any document(s) you have to support your prevailing wage claim

Were other workers affected?

- Yes No

Are you still working for this employer?

- Yes No

Date you started?

Date Last Worked

If no longer working for this employer, give reason:

- Quit Fired Laid Off Don't Know

Other: _____

To better assist the investigation, please provide as many of the following records as possible.

List other records you can provide

- | | |
|---|---|
| <input type="checkbox"/> Written wage agreement | <input type="checkbox"/> Attendance rosters |
| <input type="checkbox"/> Shift schedules | <input type="checkbox"/> Log Books |
| <input type="checkbox"/> Personal time records | <input type="checkbox"/> Payroll check stubs/statements |
| <input type="checkbox"/> Time Card | <input type="checkbox"/> Copies of bad checks |
| <input type="checkbox"/> Copies of any correspondence | <input type="checkbox"/> Employee Handbook/Manual |

Do you have a written employment agreement?

- Yes No If yes, provide copy

Are you represented by a union?

- Yes No

Excluding taxes, have you authorized any other deductions?

- Yes No

If yes, what? If available, provide copy of written authorization.

Did you receive pay stubs?

- Yes No

Do you have your pay stubs?

- Yes No

If yes, please provide copies.

Do you have a record of payment other than pay stubs?

- Yes No

What wages do you believe are owed to you?

How often are you paid?

Monthly Bi-Monthly Weekly Bi-Weekly Daily Other _____

Rate of Pay per:

Hour Day Week Month

\$ _____

Other rate of pay per:

Piece rate Commission Sq. Ft. Flat Rate

Other _____

\$ _____

Were you paid straight time for overtime hours?

Yes No

Are overtime hours on time cards?

Yes No

Did your employer record overtime hours by another method?

Yes No Don't Know

Check any benefits provided by the employer:

Medical Dental Vision Pension Holiday Other

If "Other" is checked above, please explain the other benefit(s)?

Did you ask the employer for your wages?

Yes No If "Yes", state the dates:

Reason employer gave for not paying you:

When is/was the scheduled payday for these wages?

Do you have an attorney who is working to collect the wages for you?

Yes No If "Yes", we cannot accept your complaint.

Prevailing Wage Project Information:

If you are filing a complaint against an employer on more than one project, please complete a separate "Prevailing Wage Project Information" section for each project. You do not need to complete the whole complaint form for each project.

Project Name	Awarding agency (public entity for whom work is being performed)		
Name of general contractor (prime contractor)	Phone Number		
Location / Address where you worked	City	State	Zip Code
Job classification (type of work performed)	Hourly rate paid \$ _____	Prevailing Wage Rate (if known) \$ _____	
First day you worked on project	Last date you worked on project		
Was an "Intent to Pay Prevailing Wages" form posed on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was any work performed outside of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Is the project completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Project completion date:		

Contact Person Information

Please provide information of a contact person NOT living with you who will always know how to reach you. This is necessary in the event we cannot locate you. (Must be different address and phone number than your own.)

Your Contact's Name		
Address		
City	State	Zip
Contact phone number	Contact cell phone number	Contact work phone number

Worker Signature Required

Signature	Date
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