Illinois Department Of Labor
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Chicago, Illinois 60603

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ILLINOIS PREVAILING WAGE COMPLAINT FORM

Section A: Complainant Information

Name: _____ Title: _____

Organization: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____ Email: _____

Section B: Contractor/Installer Project Information

Name of Company: _____

Owner: _____ ☐ General Contractor ☐ Sub-Contractor

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____ Email: _____

Project Contact Number: _____ County: _____

Location of Project: _____

City: _____ State: _____ Zip Code: _____

Describe Work Performed: _____

Is Work Currently Being Performed? ◯ Yes ◯ No If No, Date Project Completed: _____

For Renewable Energy Certificate Projects?

Vendor: _____ Vendor Address: _____

Project Application ID#: _____ Part I Application Approved ◯ Yes ◯ No Part II Application Approved ◯ Yes ◯ No

Section C: Public Body Information

Public Body: _____ Administrator: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax Number: _____ Email: _____

Section D: Description of Violation

PLEASE EXPLAIN WHY YOU BELIEVE THERE WAS A VIOLATION

Did you Observe The Worksite? ◯ Yes ◯ No If Yes, Give Dates: _____ _____ _____

Number of Workers: _____ Classifications: _____

SUPPORTING DOCUMENTATION (PLEASE SUBMIT WITH COMPLAINT FORM - COMPLAINTS FILED WITHOUT SUFFICIENT DOCUMENTATION MAY BE DISMISSED)

☐ Employee Interviews ☐ Check Stubs ☐ Pictures/Video ☐ Notes/Observations ☐ Bidding Reports ☐ Public Body Docs

☐ Corporate Search ☐ Affidavits ☐ Project Mgr Reports ☐ Meeting Minutes ☐ News Articles ☐ Payroll/Time Logs

Other (describe): _____

Section E: Signature

Signature: _____ Date: _____

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