



ILLINOIS DEPARTMENT OF LABOR

524 S 2nd Street, Suite 400

Springfield, Illinois 62701

Telephone: 217/782-1710

http://www.state.il.us/agency/idol/

ILLINOIS PREVAILING WAGE AND/OR CITIZENS PREFERENCE COMPLAINT FORM

Prevailing Wage Act (820 ILCS 130/1 et seq.)

Illinois Preference Act (30 ILCS 570/1-7)

COMPLAINANT INFORMATION

ALLEGED VIOLATION:

PREVAILING WAGE ACT

CITIZENS PREFERENCE ACT

FAILURE TO POST PREVAILING WAGE RATES

NAME: TITLE:

ORGANIZATION:

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

CONTRACTOR/PROJECT INFORMATION

NAME OF COMPANY:

OWNER: GENERAL CONTRACTOR SUB-CONTRACTOR

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

PROJECT/CONTRACT NUMBER: COUNTY:

LOCATION OF PROJECT:

CITY: STATE: ZIP CODE:

IS WORK CURRENTLY BEING DONE NOW? YES NO IF NO, ENTER TIME COMPLETED:

DATE OF SITE VISIT(S):

NATURE OF PROJECT:

NUMBER OF WORKERS OBSERVED: CLASSIFICATIONS:

DESCRIBE WORK BEING PERFORMED DURING SITE VISIT (Use additional page if needed)

PUBLIC BODY INFORMATION

PUBLIC BODY: ADMINISTRATOR:

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

SUPPORTING DOCUMENTATION

EMPLOYEE INTERVIEWS SHOULD BE SUBMITTED WITH THIS FORM WHENEVER POSSIBLE

PLEASE CHECK THE BOX IDENTIFYING THE INFORMATION SUBMITTED WITH YOUR CLAIM

- EMPLOYEE INTERVIEWS CHECK STUBS PICTURES/VIDEO
BIDDING REPORTS PUBLIC BODY DOCUMENTS SECRETARY OF STATE CORPORATE SEARCH
PROJECT MANAGER REPORTS MINUTES FROM MEETINGS NEWS ARTICLES
OTHER

Signature: Date: