



Illinois Department Of Labor  
 160 North LaSalle Street, Ste 1300  
 Chicago, Illinois 60601

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<http://labor.illinois.gov/>

# ILLINOIS PREVAILING WAGE COMPLAINT FORM

## Section A: Complainant Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ Address2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

## Section B: Contractor/Project Information

Name of Company \_\_\_\_\_

Owner \_\_\_\_\_  General Contractor  Sub-Contractor

Address \_\_\_\_\_ Address2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Project/Contract Number \_\_\_\_\_ County \_\_\_\_\_

Location of Project \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Is Work Currently Being Performed?  Yes  No If No, Date Project Completed \_\_\_\_\_

## Section C: Public Body Information

Public Body \_\_\_\_\_ Administrator \_\_\_\_\_

Address \_\_\_\_\_ Address2 \_\_\_\_\_

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 \_\_\_\_\_