Illinois Department Of Labor
115 S LaSalle St
Chicago, Illinois 60603

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http://labor.illinois.gov/

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

◯ Check here if the alleged violation is *only* failure to file Certified Transcripts of Payroll

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: _____