



State of Rhode Island
DEPARTMENT OF LABOR AND TRAINING
Division of Workforce Regulation and Safety
Professional Regulation Unit-Prevailing Wage Section
1511 Pontiac Avenue- Building #70
Cranston, RI 02920
(401) 462-8580

PREVAILING WAGE COMPLAINT FORM

EMPLOYEE INFORMATION (please print):

Name of Complainant: _____ SS#: _____

Address: _____ Tel. #: () _____

City/Town: _____ State: _____ Zip Code: _____

PROJECT/EMPLOYER INFORMATION (please print):

Project in Question: _____

Address: _____ City/Town: _____

Type of Project: _____

Awarding Authority: _____

General Contractor's Name: _____

Employer's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ Tel. #: () _____

Occupation: _____ Rate Paid: _____

Type of Violation: Wage Rate () Benefits () Overtime () Posting ()

What type of evidence do you have to support claim: _____

Additional Comments: _____

I hereby attest that the information provided is true and accurate to the best of my knowledge.

Complainant's Signature: _____ **Date:** _____

Please note under statute 37-13-17 you have the right of private action for violation of 37-13-7. Such action must be instituted within 3 years of violation and prior to issuance of notice of a hearing.