



State of Rhode Island and Providence Plantations
 Rhode Island Department of Labor and Training
 Division of Workforce Regulation and Safety
 Professional Regulation Unit - PREVAILING WAGE
 1511 Pontiac Avenue, Building #70, Cranston, RI 02920
 (401) 462-8580, option #7

OFFICIAL USE ONLY: Case Number: _____ Date Received: _____ Received by: _____ Investigator: _____
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PREVAILING WAGE COMPLAINT FORM

EMPLOYEE INFORMATION (please print):

Name of Complainant: _____

Address: _____ Tel. #: () _____

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

PROJECT/EMPLOYER INFORMATION (please print):

Project in Question: _____

Project Address: _____ City/Town: _____

Duration of Project: _____ to _____

General Contractor's Name: _____

Employer's Name: _____

Address: _____

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

Trade: _____ Rate Paid: _____ Fringe Benefits: _____

Type of Project: _____ Funding Source: _____

Required Evidence: Paycheck () CW Payroll () Other ()

Type of Violation: Wage Rate () Overtime ()

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.
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