



*State of Rhode Island*  
**DEPARTMENT OF LABOR AND TRAINING**  
**Division of Professional Regulation-Prevailing Wage Unit**  
 1511 Pontiac Avenue, Building #70  
 Cranston, RI 02920-0944  
 (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: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Awarding Authority: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_

Type of Project: \_\_\_\_\_

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.