

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

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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: Contra	actor/Installer 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 N	No If No, Date Project Co	ompleted		
For Renewable Energy Certifi	icate Projects				
	Vendor Address				
	Part I Application Approved	◯ Yes ◯ N	o Part II Application Approved) Yes () No	
Section C: Public	Body Information		Adminis	trator	
Address				Address2	
City			State	ZIP Code	
Daytime Phone		Fax Number		Email	
Section D: Descri					
Did You Observe The Worksite Number Of Workers	e? Ves N Classifications	Io If Yes, Give Dates			
SUPPORTING DOCUMENTATION (P	LEASE SUBMIT WITH COMPLAINT FORM	- COMPLAINTS FILED WITHOUT SUF	FICIENT DOCUMENTATION MAY BE DISM	ISSED)	
Employee Interviews	Check Stubs	Pictures/Video	Notes/Observations	Bidding Reports	Public Body Docs
Corporate Search Other (describe)	Affidavits	Project Mgr Reports	Meeting Minutes	News Articles	Payroll/Time Logs
Section E: Signatu	Ire				
Signature			C	Date Print	
					Print