

# PREVAILING WAGE COMPLAINT

This form is used for filing complaints under the Pennsylvania Prevailing Wage Act of 1961. Persons returning this form should complete all parts, including the reverse side.

**RETURN TO:**

**Bureau of Labor Law Compliance  
1301 Labor & Industry Building  
Seventh & Forster Streets  
Harrisburg, PA 17121  
Telephone: 717-705-5969 or  
1-800-932-0665  
FAX: 717-787-0517**

**PLEASE PRINT:**

Name of Person Filing Complaint \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Date of Birth \_\_\_\_\_

Telephone Number where you can be reached between 8:30 a.m. and 5:00 p.m. (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_  
(INCLUDE AREA CODE)

after 5:00 p.m. (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Location of Employment \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP CODE

**Project Name and County Location** \_\_\_\_\_

Name of Employer (against whom the Wage Claim is filed) \_\_\_\_\_

Company Name, if any \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP CODE

Date Hired \_\_\_\_\_ Are you still employed by the named employer?  Yes  No

If No, give the last date worked \_\_\_\_\_ Was your termination:  Voluntary  Involuntary

1. Was there a written contract of employment between you and the named employer?  Yes  No

If Yes, please attach copy.

2. Were you notified by the named employer as to when and where you would be paid?  Yes  No

3. What was your regular payday to be? (check one)  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

4. Were wages paid to you in a form other than a check?  Yes  No  Other (cash) \_\_\_\_\_

5. What was the latest rate of pay agreed upon between you and the named employer?

Hourly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Other, please explain \_\_\_\_\_

What are the TOTAL wages claimed by you? \$ \_\_\_\_\_

**COMPLETE REVERSE SIDE**

WEEK ENDING DATE	CLASSIFICATION	NUMBER OF HOURS WORKED THIS WEEK	NUMBER OF DAYS WORKED THIS WEEK	RATE OF PAY PER HOUR, DAY, WEEK OR OTHER	GROSS WAGES PAID TO YOU FOR THIS WEEK	SPECIFY IF VACATION PAY, SICK LEAVE OR COMMISSION

**NOTE: Failure to provide detailed information in the space provided above may make it impossible to pursue this claim on your behalf.**

6. Did the named employer refuse to pay these wages?  Yes  No  
 If Yes, the named employer's reason for refusal \_\_\_\_\_
7. Do you and the named employer agree as to the amount of wages due you?  Yes  No  
 If No, what amount does the named employer acknowledge as being due? \$ \_\_\_\_\_
8. Has the named employer given you written confirmation of the amount due to you?  Yes  No
9. Has the named employer offered to pay you the amount to be due?  Yes  No  
 If Yes, have you accepted the amount offered?  Yes  No
10. Have you agreed in writing to any deductions?  Yes  No  
 If Yes, list deductions \_\_\_\_\_
11. Have any deductions been made without your written agreement?  Yes  No  
 If Yes, please explain \_\_\_\_\_
12. Do you owe any money to the named employer for any reason?  Yes  No  
 If Yes, how much? \$ \_\_\_\_\_
13. Are you covered under a Collective Bargaining Agreement?  Yes  No  
 If Yes, list the name and address of the union \_\_\_\_\_

You may use additional paper to summarize related information and wage computations.

**NOTE: I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above claim of unpaid wages.**

Signature of Claimant \_\_\_\_\_ Date of Complaint \_\_\_\_\_

Signature of Parent or Guardian if Claimant is under 18 years of age \_\_\_\_\_

The Bureau will contact you for any further information. Please notify the office listed on the other side of this form in the event that you are paid before the Bureau contacts you.