

MISCLASSIFICATION

**COMPLAINT FORM** 

**CONSTRUCTION WORKPLACE** 

**Instructions:** Please review and complete all pages of this form. Sign and date the bottom of the complaint, and mail the completed form to:

Bureau of Labor Law Compliance 651 Boas Street, Room 1301 Harrisburg, PA 17121 Telephone: (800) 932-0665 Fax: (717) 787-0517

Please print:

	YOUI	R INFORM	ATION		
Name of person filing o	complaint:				
Address:					
	Street (apt #)		City	State	Zip
Telephone number: (_	(Include area code)	Fax: (_	(Include area code)		
E-mail address:					
Occupation and iob title	e:				
	are complaining about:				
(A business includes a	are complaining about: corporation, partnership, sole p	proprietorship			
(A business includes a	are complaining about:	proprietorship		State	Zip
(A business includes a Address:	are complaining about:corporation, partnership, sole p	proprietorship	or person) City	State	Zip
(A business includes a Address: Telephone number: (_	are complaining about: corporation, partnership, sole p	proprietorship Fax: (_	City  —	State	·
(A business includes a Address:  Telephone number: (  What type of construct	are complaining about: corporation, partnership, sole p  Street (apt #)	Fax: (_	City	State	
(A business includes a Address:  Telephone number: (  What type of construct	are complaining about: corporation, partnership, sole p  Street (apt #)	Fax: (_	City	State	
(A business includes a Address:  Telephone number: (  What type of construct	are complaining about: corporation, partnership, sole p  Street (apt #)	Fax: (_	City	State	

## **EMPLOYMENT INFORMATION**

For any of the questions below, you may add additional information on separate pages and include any documents that you feel are helpful.

Provide the following information about each worker that you believe the business misclassified, including yourself if applicable:

	Name	Type of work performed	Worksite name and location
You			
Other			

Provide the following information about each worksite where you believe the business misclassified workers:

Worksite name and location	Project	Dates when work performed	Worksite supervisor	Name of general contractor

Vhat led you to believe that this business misclassified employees as independent contractors?
Did the business have any other person who provided the workers directions or orders besides the workplace supervisor(s)?  f so, please identify the(se) person(s) and the worksite(s).

		h tools, equipment and other supplies to do their work? If yes by the business?	s, what tools,
What tools, if any,	did the worker(s) supp	ply?	
Did any of the work	kers have their own b	usiness? If yes, please explain and provide the business loca	ation
-	kers have their own lia	ability insurance? If yes, when was it in effect? (Please provi	de a copy of the
How were the work	kers paid? (Please ch	eck all that apply and explain in detail.)	
• Per job			
• Per hour			
• Per day			
Piece work			
• Other			
Who paid the work	ers?		
Do you have wage	records (such as pay	ystubs, W-2 or 1099 forms ) relating to any of the workers?	
Did any of the work	kers have a written ag	greement to perform work at any of the worksites? (Please at	tach, if available.)
	owledge, informatio	forth in this complaint are true and correct to the best of and belief. I sign this complaint subject to 18 Pa.C.S. § ting to unsworn falsifications to authorities).	
Siç	gnature	Date	

Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program