



OREGON BUREAU OF LABOR AND INDUSTRIES

PREVAILING WAGE RATE COMPLAINT FORM

The Oregon Bureau of Labor and Industries accepts complaints involving allegations of violations of Prevailing Wage Rate (PWR) laws (for work performed on public works projects) from employees or non-employees, including contractors, trade unions and/or other interested parties. If you suspect that a contractor has violated the law, and/or failed to pay prevailing wages to its workers, complete the Prevailing Wage Complaint Form (WH-168) and submit it, with your evidence, to our office.

Pursuant to the Public Records Law, the information provided on this complaint form, including the name of the complainant is disclosable and may be provided upon request to the business against which the complaint is filed. However, to the extent permitted by the law, BOLI will not disclose the complainant's residential address, personal telephone numbers, and personal email address if the complainant requests that this information remain confidential. While you are not required to include your name or contact information on the complaint form, be advised that if the information provided is not sufficient or there are any questions regarding the complaint and we are unable to contact you, no further action may be taken.

Instructions

1. **Form submission guideline:**

- If your complaint involves more than one employer on the same project, *submit a form for each employer.*
- If your complaint involves more than one project, *submit a form for each project.*

Note: Forms that list multiple employers or projects, or that are not properly completed and/or signed will be returned to you for additional information.

2. **Answer questions as completely as possible.** You do not have to provide an answer to every question. If you do not have a response, mark "unknown" in the space provided. If you cannot be specific, give a general or an estimated response. If you need more space, attach additional sheets.
3. Please provide evidence. If your complaint includes allegations of non-payment of prevailing wages, overtime, or fringe benefits, **you must provide evidence** such as time cards, check stubs, certified payroll reports, statements from witnesses, photos, or any other documents that substantiate your complaint. **Keep your original records.**
4. **If you are an employee on a public works project and have a claim for unpaid prevailing wages, overtime, or fringe benefits you MUST complete a wage claim form in addition to the complaint form.** The Wage Claim form is available on line at www.oregon.gov/boli/whd/docs/wageclaim.pdf or at any BOLI office. Please read the cover page, "How to File a Wage Claim," for directions on completing the Wage Claim form.
5. Complaints and claims for unpaid prevailing wages or benefits must be filed **as soon as possible** to ensure BOLI's ability to enforce the law.
6. **Keep a copy of your complaint for your own records and send completed complaints to:**
Oregon Bureau of Labor and Industries
Attn: Prevailing Wage Rate Unit
800 NE Oregon Street, Suite 1045
Portland, OR 97232
7. If you need assistance or have any questions regarding this form, contact the PWR Coordinator at (971) 673-0839.



OREGON BUREAU OF LABOR AND INDUSTRIES
Wage and Hour Division
PREVAILING WAGE RATE UNIT

For Office Use Only:	
Received by: _____	
Date Received: _____	
File No: _____	

PREVAILING WAGE RATE COMPLAINT FORM

Pursuant to the state's Public Records Law, the complaint form is a public record which may be made available to a member of the public upon request. However, to the extent permitted by the law, BOLI will not disclose the complainant's residential address, personal telephone numbers, and personal email address if the complainant requests that this information remain confidential

I am submitting my address, telephone numbers, and email address in confidence, and request that they not be disclosed. Yes No

PLEASE PRINT:

COMPLAINANT INFORMATION			
Name:			
Address:			City:
State:	Zip:	Email Address:	
Home Telephone:	Work Telephone:	Cell Telephone:	Other Telephone:
PROJECT INFORMATION			
Name of Project:		Project Number:	Date Project was first advertised:
Name of Contracting Agency:		Prime Contractor:	
Type of Construction: <input type="checkbox"/> Road <input type="checkbox"/> Bridge <input type="checkbox"/> Building <input type="checkbox"/> Park <input type="checkbox"/> Other		Is the Project Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Project Location: Highway or Street:			
City:		County:	
Crossroad or Intersection:			
EMPLOYER INFORMATION (CONTRACTOR/SUBCONTRACTOR YOU ARE COMPLAINING ABOUT)			
Name:		Address:	
City:	State:	Zip:	Telephone:
Were you employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date this employer first started work on the project:	Date this employer stopped work on the project:	How many workers worked for this employer?
COMPLAINT INFORMATION			
Nature of Complaint (more than one may apply): <input type="checkbox"/> Wage Rate <input type="checkbox"/> Overtime <input type="checkbox"/> Fringes <input type="checkbox"/> Classification <input type="checkbox"/> Certified Payroll <input type="checkbox"/> Posting <input type="checkbox"/> PWR Bond <input type="checkbox"/> Other		Work Performed:	
Please briefly describe your complaint.			

Complaint Continued on Back of Form

Dates worked on this project: From: _____ To: _____		Total hours worked on this project: REG: _____ OT: _____		How often were employees paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Hourly Rate of Pay for: REG OT Project Work? \$ \$ Non-Project work? \$ \$		Did you work on a shift schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which shift? <input type="checkbox"/> day <input type="checkbox"/> night		Were you paid overtime at 1½ times your hourly rate of pay after: 8 hrs/day? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 hrs/day? <input type="checkbox"/> Yes <input type="checkbox"/> No 40 hrs/wk? <input type="checkbox"/> Yes <input type="checkbox"/> No Other? _____	
How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Check and cash <input type="checkbox"/> Other _____		Hours were recorded by: <input type="checkbox"/> Time card/sheet <input type="checkbox"/> Called into office <input type="checkbox"/> Recorded by foreman <input type="checkbox"/> Other _____		Were the prevailing wage rates posted on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	
Did you receive any fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Training <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Pension <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other _____			Were you a registered apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No Which trade? _____ Training % level: _____		Are you covered by a union agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Trade and Local #? _____
Did you receive cash payment for fringes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much \$ _____			Did you receive a regular meal period? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the length of your meal period? _____ When was it provided? _____		
			Did you receive regular rest breaks? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many per day? _____ What was the length of your breaks? _____ When were they provided? _____		
Are there any inspector(s), other employee(s) or supervisor(s) who can verify work performed on this project? Include name(s), title(s) and phone number(s) or address(es): _____					
Have any deductions been made without your written agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____					
List type and amount of hourly deductions taken by the employer from the total hourly rate of pay: _____					
Additional Comments: _____					

To the best of my knowledge, the information that I have provided is true and accurate.

Complainant Signature: _____ **Date:** _____

Provide as many of the following records as possible (submit **COPIES** only):

- | | | | |
|-------------------------|-------------------|----------------------------|--------------------|
| -Written wage agreement | -Shift schedules | -Log books | -Attendance roster |
| -Personal time records | -Time cards | -Payroll check stubs | -Foreman's records |
| -Benefit handbook | -Work site photos | -Certified payroll records | -Records/diaries |

Return to: Oregon Bureau of Labor and Industries ♦ Wage and Hour Division ♦ Attn: Prevailing Wage Rate Unit ♦ 800 NE Oregon Street, Suite 1045 ♦ Portland, OR 97232