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 online 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.
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:**

<table>
<thead>
<tr>
<th>COMPLAINANT INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Work Telephone:</td>
<td>Cell Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Project:</td>
<td>Project Number:</td>
<td>Date Project was first</td>
</tr>
<tr>
<td></td>
<td></td>
<td>advertised:</td>
</tr>
<tr>
<td>Name of Contracting</td>
<td>Prime Contractor:</td>
<td></td>
</tr>
<tr>
<td>Agency:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Construction:</td>
<td>Is the Project Complete?</td>
<td></td>
</tr>
<tr>
<td>[☐] Road  [☐] Bridge  [☐] Building  [☐] Park  [☐] Other</td>
<td>[☐] Yes  [☐] No  [☐] Unknown</td>
<td></td>
</tr>
<tr>
<td>Project Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highway or Street:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>County:</td>
<td></td>
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<tr>
<td>Crossroad or</td>
<td></td>
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<tr>
<td>Intersection:</td>
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<table>
<thead>
<tr>
<th>EMPLOYER INFORMATION (CONTRACTOR/SUBCONTRACTOR YOU ARE COMPLAINING ABOUT)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Were you employed by this employer?  [☐] Yes  [☐] No</td>
<td>Date this employer first started work on the project:</td>
</tr>
<tr>
<td>Date this employer stopped work on the project:</td>
<td>How many workers worked for this employer?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPLAINT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Complaint (more than one may apply):</td>
<td>Work Performed:</td>
</tr>
<tr>
<td>[☐] Wage Rate  [☐] Overtime  [☐] Fringes  [☐] Classification</td>
<td></td>
</tr>
<tr>
<td>[☐] Certified Payroll  [☐] Posting  [☐] PWR Bond  [☐] Other</td>
<td></td>
</tr>
<tr>
<td>Please briefly describe your complaint.</td>
<td></td>
</tr>
</tbody>
</table>
Dates worked on this project:
From: ___________________________  To: ___________________________

<table>
<thead>
<tr>
<th>Total hours worked on this</th>
<th>How often were employees paid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>project: REG: ___________ OT: ___________</td>
<td>Weekly [ ] Bi-weekly [ ] Monthly [ ] Other [ ]</td>
</tr>
</tbody>
</table>

Regression Rate of Pay for: Project Work? $ $ Non-Project work? $ $

Did you work on a shift schedule? [ ] Yes [ ] No
If yes, which shift? [ ] Day [ ] Night

Did you work on a shift schedule? [ ] Yes [ ] No
If yes, which shift? [ ] Day [ ] Night

How were you paid?
[ ] Check  [ ] Cash  [ ] Check and cash  [ ] Other

How were you paid?
[ ] Check  [ ] Cash  [ ] Check and cash  [ ] Other

Hours were recorded by:
[ ] Time card/sheet  [ ] Called into office  [ ] Recorded by foreman  [ ] Other

Hours were recorded by:
[ ] Time card/sheet  [ ] Called into office  [ ] Recorded by foreman  [ ] Other

Were you paid overtime at 1½ times your hourly rate of pay after:
8 hrs/day? [ ] Yes [ ] No
10 hrs/day? [ ] Yes [ ] No
40 hrs/wk? [ ] Yes [ ] No
Other?

Did you work on a shift schedule? [ ] Yes [ ] No
If yes, which shift? [ ] Day [ ] Night

Did you work on a shift schedule? [ ] Yes [ ] No
If yes, which shift? [ ] Day [ ] Night

How were you paid?
[ ] Check  [ ] Cash  [ ] Check and cash  [ ] Other

How were you paid?
[ ] Check  [ ] Cash  [ ] Check and cash  [ ] Other

Hours were recorded by:
[ ] Time card/sheet  [ ] Called into office  [ ] Recorded by foreman  [ ] Other

Hours were recorded by:
[ ] Time card/sheet  [ ] Called into office  [ ] Recorded by foreman  [ ] Other

Were the prevailing wage rates posted on the job site? [ ] Yes [ ] No
If yes, where?

Did you receive any fringe benefits? [ ] Yes [ ] No
If yes, select all that apply:
[ ] Health Insurance  [ ] Training  [ ] Vacation
[ ] Sick Leave  [ ] Holidays  [ ] Pension
[ ] Life Insurance  [ ] Other

Did you receive any fringe benefits? [ ] Yes [ ] No
If yes, select all that apply:
[ ] Health Insurance  [ ] Training  [ ] Vacation
[ ] Sick Leave  [ ] Holidays  [ ] Pension
[ ] Life Insurance  [ ] Other

Did you receive any fringe benefits? [ ] Yes [ ] No
If yes, select all that apply:
[ ] Health Insurance  [ ] Training  [ ] Vacation
[ ] Sick Leave  [ ] Holidays  [ ] Pension
[ ] Life Insurance  [ ] Other

Did you receive any fringe benefits? [ ] Yes [ ] No
If yes, select all that apply:
[ ] Health Insurance  [ ] Training  [ ] Vacation
[ ] Sick Leave  [ ] Holidays  [ ] Pension
[ ] Life Insurance  [ ] Other

Were you a registered apprentice? [ ] Yes [ ] No

Were you a registered apprentice? [ ] Yes [ ] No

Are you covered by a union agreement? [ ] Yes [ ] No

Are you covered by a union agreement? [ ] Yes [ ] No

Which trade? __________
Training % level: 

Which trade? __________
Training % level: 

Did you receive regular rest breaks? [ ] Yes [ ] No
If so, how many per day? ________________

Did you receive regular rest breaks? [ ] Yes [ ] No
If so, how many per day? ________________

What was the length of your meal period? __________
When was it provided? ________________

What was the length of your meal period? __________
When was it 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):

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? [ ] Yes [ ] No
Explain:

Have any deductions been made without your written agreement? [ ] Yes [ ] No
Explain:

List type and amount of hourly deductions taken by the employer from the total hourly rate of pay:

List type and amount of hourly deductions taken by the employer from the total hourly rate of pay:

Additional Comments:

Additional Comments:

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

Complainant Signature: ___________________________  Date: ________________

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