



Oregon Construction Contractors Board

PO Box 14140 Salem, OR 97309-5052

700 Summer St NE Suite 300

P: 503-378-4621 | F: 503-373-2007



Delinquent Pay

Public Contracts Complaint Form

Pursuant to OAR 812-005-0500, anyone wishing to provide the CCB with information indicating that a contractor failed to pay a person who supplied labor or materials on a public works project within 60 days after the date when the contractor received payment and that payment was not a subject of a "good faith dispute" as defined in ORS 279C.580, shall do so on this form. This is only applicable to public works projects.

COMPLAINANT			RESPONDENT		
Party making complaint is a: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Material supplier <input type="checkbox"/> Other:			Complaint against: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Prime <input type="checkbox"/> Other:		
Name of Agency or Business		CCB#	Name of contractor		
Name and title of person filing this form (contact person)			Contact person		CCB#
Mailing address			Mailing address		
City	State	Zip code	City	State	Zip code
Phone number		Fax	Phone number		Fax
AGENCY INFORMATION					
Public agency responsible for the contract			Name of project		
Agency contact information or project manager			Jobsite location		
PROJECT INFORMATION					
Contract date	Total contract amount \$	Total amount paid to date \$	Type of work provided		
Date work started or material supplied		Date work was completed	Date respondent paid by Public Agency/Primary Contractor		
Total Amount outstanding \$		Were change order(s) issued: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Cost and Date(s) of orders:			
Dates of stop work order(s)		Final billing date	Scheduled payment date		
ADDITIONAL INFORMATION (If different than respondent above)					
Primary contractor		CCB #	Contact name		
Primary Contractor Address		City/State/Zip code		Phone number	

Attach a copy of the following items with this form if available:

- | | |
|------------------------------------|---|
| 1. Written contract | 4. Payments from respondent to date |
| 2. Invoice and/or credit agreement | 5. Change order(s) |
| 3. Billing to respondent | 6. Any relevant documents or correspondence |

If the CCB determines that the information supplied in this complaint against a contractor or subcontractor was supplied in bad faith or was false, the complainant will be placed on the list of persons who have been determined to be not qualified to hold or participate in a public contract for a public improvement. [ORS 701.227(3)]

Signature _____ Date _____