



Construction Workplace Misclassification & Prevailing Wage Act Private Citizen Referrals

Fair Labor Section
 1600 Arch Street, Suite 300
 Philadelphia, PA 19103
 (215) 560-2402

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 www.attorneygeneral.gov

Please complete this form to the extent possible. If you do not know certain information, you may leave the space blank or mark it as unknown, if applicable.

If returning by mail, please include copies of all documents regarding your claim. Be sure to send COPIES, not originals. Mailing address: Fair Labor Section, 1600 Arch Street, Suite 300, Philadelphia, PA 19103

If returning by email, attachments of your documents should be a gif, jpg, jpeg or PDF. The size of each attached file should be less than 10MB. Email address: fairlabor@attorneygeneral.gov

Private Citizen/Referring Organization Information

Name			
Organization (if applicable)			
Address			
City	State	Zip	County
Primary Phone #	Alternate Phone #	Email Address	

Contractor Information (company against which complaint is being made)

Company Name			
Company Address			
City	State	Zip	County
Phone Number	Fax Number	Email Address	
Name of Owner, President, and/or CEO			
Have you reported the contractor to any other enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please specify which agencies, and the date of your report:			

Project information

Project Name		
Project Location		
Type of work being done (e.g. roofing, framing, HVAC, etc.)		
Contractor's Start Date	Contractor's Anticipated Completion Date	Approx. # of Employees
Funding Source(s) (check all that apply) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private		If the project is funded by a local, state, or federal government agency please complete the Prevailing Wage section.
Names of Government Agencies Providing Funding (if known)		
General Contractor		
Subcontractors or Labor Brokers		

Construction Workplace Misclassification

Are workers being paid by cash or check? <input type="checkbox"/> Cash <input type="checkbox"/> Check	If you have photos, scans, or screenshots of checks or from money transfer apps, please provide copies.
If by check, are any amounts being withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please identify types of withholdings:	
Do workers: <ul style="list-style-type: none"> • Own their own business? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have a written contract with the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No • Control and direct their own work? <input type="checkbox"/> Yes <input type="checkbox"/> No • Possess the tools needed to do the work? <input type="checkbox"/> Yes <input type="checkbox"/> No • Earn a profit or suffer a loss for their work? <input type="checkbox"/> Yes <input type="checkbox"/> No • Hold themselves out as independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No • Carry liability insurance of at least \$50,000? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Have you communicated with the contractor regarding your concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide copies of your communications.

Prevailing Wage

Name of Contracting Agency		Wage Determination Serial #
Is the wage determination for the project posted on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all employees working on the project listed on certified payroll records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the full hourly base rate being paid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employees being classified based on the type of work they do? (e.g. roofing, carpentry, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Correct Classification		Classification on Certified Payrolls
Is your employer classifying you incorrectly for part of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify:		
Are apprentices working on the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If so, are all apprentices enrolled in a registered apprenticeship program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If so, please identify the program:	
What fringe benefits do employees receive from the employer? (check all that apply) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other (please specify)		
How much does the employer claim to spend on fringe benefits per hour? \$		
Is the employer claiming credit for fringe benefits it does not provide? (check all that apply) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other (please specify) If so, please explain:		
Have you communicated with the contractor regarding your concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please provide copies of your communications.