



ILLINOIS DEPARTMENT OF LABOR

900 South Spring Street
Springfield, Illinois 62704-2725
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http://www.state.il.us/agency/idol/

ILLINOIS PREVAILING WAGE AND/OR CITIZENS PREFERENCE COMPLAINT FORM

Prevailing Wage Act (820 ILCS 130/1 et seq.)

Illinois Preference Act (30 ILCS 570/1-7)

COMPLAINANT INFORMATION

ALLEGED VIOLATION: [] PREVAILING WAGE ACT [] CITIZENS PREFERENCE ACT
[] FAILURE TO POST PREVAILING WAGE RATES

NAME: TITLE:

ORGANIZATION:

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

CONTRACTOR/PROJECT INFORMATION

NAME OF COMPANY:

OWNER: [] GENERAL CONTRACTOR [] SUB-CONTRACTOR

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

PROJECT/CONTRACT NUMBER: COUNTY:

LOCATION OF PROJECT:

CITY: STATE: ZIP CODE:

IS WORK CURRENTLY BEING DONE NOW? [] YES [] NO IF NO, ENTER TIME COMPLETED:

DATE OF SITE VISIT(S):

NATURE OF PROJECT:

NUMBER OF WORKERS OBSERVED: CLASSIFICATIONS:

DESCRIBE WORK BEING PERFORMED DURING SITE VISIT (Use additional page if needed)

PUBLIC BODY INFORMATION

PUBLIC BODY: ADMINISTRATOR:

ADDRESS:

CITY: STATE: ZIP CODE:

DAY PHONE # FAX # OTHER #

SUPPORTING DOCUMENTATION

EMPLOYEE INTERVIEWS SHOULD BE SUBMITTED WITH THIS FORM WHENEVER POSSIBLE
PLEASE CHECK THE BOX IDENTIFYING THE INFORMATION SUBMITTED WITH YOUR CLAIM

- [] EMPLOYEE INTERVIEWS [] CHECK STUBS [] PICTURES/VIDEO
[] BIDDING REPORTS [] PUBLIC BODY DOCUMENTS [] SECRETARY OF STATE CORPORATE SEARCH
[] PROJECT MANAGER REPORTS [] MINUTES FROM MEETINGS [] NEWS ARTICLES
[] OTHER

Signature: Date: