



**ILLINOIS DEPARTMENT OF LABOR**  
 1 West Old State Capitol Plaza, 3<sup>rd</sup> FL  
 Springfield, Illinois 62701-1217  
 217/782-1710

**IL 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: <input type="checkbox"/> PREVAILING WAGE ACT		<input type="checkbox"/> CITIZENS PREFERENCE ACT	
<input type="checkbox"/> FAILURE TO POST PREVAILING WAGE RATES			
NAME:		TITLE:	
ORGANIZATION:			
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME #:	FAX:	OTHER:	

**CONTRACTOR/PROJECT INFORMATION**

NAME OF COMPANY:			
OWNER:		<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> SUB-CONTRACTOR
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME #:	FAX:	OTHER:	
<b>PROJECT/CONTRACT NO.:</b>		COUNTY:	
LOCATION OF PROJECT:			
CITY:		STATE:	ZIP:
IS WORK CURRENTLY BEING DONE NOW?		IF NO (TIME COMPLETED)	
DATE OF SITE VISIT(S):			
NATURE OF PROJECT:			
NUMBER OF WORKERS OBSERVED:		CLASSIFICATIONS:	
DESCRIBE WORK BEING PERFORMED DURING SITE VISIT (use back of form if needed):			

**PUBLIC BODY INFORMATION**

PUBLIC BODY:		ADMINISTRATOR:	
ADDRESS			
CITY:		STATE:	ZIP:
DAYTIME #:	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

<input type="checkbox"/> EMPLOYEE INTERVIEWS	<input type="checkbox"/> CHECK STUBS	<input type="checkbox"/> PICTURES/VIDEO
<input type="checkbox"/> BIDDING REPORTS	<input type="checkbox"/> PUBLIC BODY DOCUMENTS	<input type="checkbox"/> SECRETARY OF STATE CORPORATE SEARCH
<input type="checkbox"/> PROJECT MANAGER REPORTS	<input type="checkbox"/> MINUTES FROM MEETINGS	<input type="checkbox"/> NEWS ARTICLES
<input type="checkbox"/> OTHER		

**Signature:**

**Date:**