



ILLINOIS DEPARTMENT OF LABOR

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Springfield, Illinois 62701-1217
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<http://www.state.il.us/agency/idol/>

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: PREVAILING WAGE ACT CITIZENS PREFERENCE ACT

FAILURE TO POST PREVAILING WAGE RATES

NAME:

TITLE:

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME #:

FAX:

OTHER:

CONTRACTOR/PROJECT INFORMATION

NAME OF COMPANY:

OWNER:

GENERAL CONTRACTOR

SUB-CONTRACTOR

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME #:

FAX:

OTHER:

PROJECT/CONTRACT NO.:

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

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: