



**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:**