



THE CITY OF NEW YORK
 OFFICE OF THE COMPTROLLER
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 NEW YORK, N.Y. 10007-2341

BUREAU OF LABOR LAW
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 www.comptroller.nyc.gov

CITY OF NEW YORK PREVAILING WAGE COMPLAINT FORM

Pursuant to Articles 8 and 9 of the New York State Labor Law and Sections 6-109 and 6-130 of the New York City Administrative Code, the New York City Comptroller’s Office investigates violations of prevailing wage and living wage laws for work performed within the City of New York.

NOTE: The Comptroller’s Bureau of Labor Law can only investigate the two years prior to the date the complaint was filed. For example, if you file your complaint on October 1, 2023, we can only investigate back to October 1, 2021. It is important that you file your complaint as soon as you are aware of a violation.

If you believe your employer has violated the law, please fill out, print, sign, scan, and return this complaint form to: laborlaw@comptroller.nyc.gov

Forms are also accepted via US Mail at the following address:

Office of the New York City Comptroller
 Bureau of Labor Law
 One Centre Street, Room 651
 New York NY 10007

PERSONAL INFORMATION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email address: _____

Preferred method of contact (Circle one): Email / Telephone / Cell phone / Text / Other (please specify)

Preferred time of contact: _____

****NOTE: Immigration status does not affect a worker’s right to the prevailing wage and the Comptroller’s Office will not ask about your immigration status.****

**This complaint concerns my work performing:
(Please check all that apply)**

- Construction at City public works project
- Construction at a building receiving 421-a tax exemptions
- Building Services for a company contracting with the City
- Building Services at a building receiving tax exemptions or abatements
- Building Services at a building receiving financial assistance from NYC
- Office Services for City agency contract
- Food Services for City agency contract
- Security at City-contracted Homeless Shelter
- Other (Please specify) _____

EMPLOYMENT INFORMATION (Fill in as much as you know or remember.)

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____ Email address (if available): _____

Owner Name: _____

Owner phone number and email address: _____

Name of supervisor or foreman: _____

Supervisor phone number and email address: _____

Are you still employed by this company? (Circle one) YES / NO

Was your employer a subcontractor? (Circle one) YES / NO / NOT SURE

If yes, please include information for the **Prime Contractor** (the contractor your employer worked for) on the project for which you are filing this complaint. If your employer worked for more than one prime contractor, please provide additional information on a separate page. If you do not know or do not have this information, please leave blank.

Prime Contractor Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____ Email address (if available): _____

Did you work on a project contracted by a New York City Agency? (Circle one) YES / NO / NOT SURE

If yes, please list the name of the agency: _____

WORK INFORMATION Fill in as much as you know or remember. Attach additional pages for each project as needed.

Address of worksite(s): (If there were multiple worksites, please list all worksites for this contract and use additional pages if needed. Be as complete as possible. Include a worksite even if you are not sure whether it is for the same contract.)	
Type of project (for example, school construction, office cleaning, etc.):	
Your job title or classification (Example: Laborer, Carpenter, Security Guard, etc.):	
Type of work you performed, including tools and equipment used:	
Approximate start and end dates:	
Total duration of employment:	
Hourly rate of pay:	
Supplemental benefits (such as health insurance, sick leave, holidays, pension, etc.):	

****NOTE**** A representative from the New York City Comptroller’s Bureau of Labor Law will be contacting you to obtain additional information about your employment. It is important that you make yourself available for an interview and notify our office immediately if your contact information changes. You must answer our questions as accurately as possible to the best of your recollection.

ADDITIONAL INFORMATION**
<p>Would you like for your identity to remain confidential at this time? (Circle one) YES / NO</p> <p>**NOTE: The Comptroller’s Bureau of Labor Law will not disclose your identity to any employer or another government agency without your consent.**</p> <p>Were you a member of a union or a worker center when you were employed by this company? If so, please name: _____</p> <p>Are you represented by an attorney, labor union, worker center, or other entity in this complaint process? If so, please list their contact information: _____</p> <p>_____</p> <p>How did you learn about the New York City Comptroller’s Office? _____</p>

Why are you filing this complaint? Please state why you believe your employer violated the law and include copies of all relevant documents, such as check stubs, work diaries, text messages, etc. Please use this space to add any information that is not already included in this complaint form. Use additional pages if needed.

CERTIFICATION

By signing this complaint, I certify that the information submitted in this Complaint Form is true and accurate to the best of my knowledge. I agree that I will notify the Comptroller's Bureau of Labor Law as soon as possible if my address or contact information changes.

Signature

Date

Print Name