



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
1 CENTRE STREET ROOM 651  
NEW YORK, N.Y. 10007-2341

BUREAU OF LABOR LAW  
TELEPHONE: (212) 669-4443  
FAX NUMBER: (212) 669-4002  
[www.comptroller.nyc.gov](http://www.comptroller.nyc.gov)

### **PREVAILING WAGE VIOLATION COMPLAINT FORM**

The Comptroller's Bureau of Labor Law conducts compliance investigations pursuant to Sections 220 and 230 of the New York State Labor Law and Section 6-109 of the New York City Administrative Code.

According to state law, construction workers employed by contractors on public work projects and building service workers employed by contractors in City-owned buildings must receive the prevailing rate of wage. Moreover, local law requires employers on certain City government service contracts to pay a "living wage" to their workers in specific job titles. The Office of the Comptroller administers state prevailing wage and living wage laws.

If you have not been paid prevailing wages or living wages and wish to file a complaint against a contractor, please complete the attached form. Answer all questions as completely as possible and include copies of your pay stubs and any other documentation (cancelled checks, work diaries, etc). If you need additional space, use the back pages of the attached form. When you are finished, read the certification statement, sign your name and have it notarized. This office may call upon you to provide further information and/or to testify at an administrative hearing.

Please note that the Comptroller's Office **does not** have jurisdiction over private, state, or federal projects. In the event that a job site you list is under the jurisdiction of the state and/or federal government, this office will notify you in writing and forward a copy of this document to the appropriate agency.

An investigation may be lengthy; your patience and cooperation is appreciated. In the course of our investigation, a copy of this complaint may be provided to your employer as well as other interested parties. The Labor Law Bureau of the Comptroller's Office does not represent you in any legal capacity; you may retain legal counsel if you choose. By signing and notarizing this form, you authorize the Comptroller to pursue collection remedies against the contractor, sub-contractor or issuer of the bond payment pursuant to Labor Law §220-g.

Please note, if a wage underpayment is determined, and before payment is made to you, a lien search will be made of any child support payments you may owe. Any such sums you owe will be deducted from any amounts determined to be owed to you by your employer.

**\*\*\*\*\* THIS FORM MUST BE MAILED TO:**

**OFFICE OF THE COMPTROLLER  
BUREAU OF LABOR LAW  
ONE CENTRE STREET, ROOM 651  
NEW YORK, NY 10007**



THE CITY OF NEW YORK  
 OFFICE OF THE COMPTROLLER  
 1 CENTRE STREET ROOM 651  
 NEW YORK, N.Y. 10007-2341

BUREAU OF LABOR LAW  
 TELEPHONE: (212) 669-4443  
 FAX NUMBER: (212) 669-4002  
 www.comptroller.nyc.gov

Please print or type

PERSONAL INFORMATION	
1. Name	_____
2. Address	_____
City	_____ State _____ Zip _____
3a. Phone Number	_____ 3b. Mobile Number _____
4. Email	_____
5. Your Social Security Number or Individual Taxpayer Identification Number (ITIN)	_____

YOUR EMPLOYER'S INFORMATION	
<b>Main Employer's Information</b>	
6a. Name of Company you work(ed) for	_____
6b. Company's Address	_____
City	_____ State _____ Zip _____
6c. Phone Number	_____ 6d. Phone Number 2 _____
6e. Are you presently employed by the above contractor?	<input type="radio"/> Yes <input type="radio"/> No
6f. If yes, would you prefer your identity to remain confidential initially?	<input type="radio"/> Yes <input type="radio"/> No
<b>**Please note, we will have to disclose your name to your employer prior to the final resolution of your case</b>	
7. Employer's Identification Number (EIN): (you can get this from your W2, Unemployment Book or Payroll stubs)	_____
8. What is/was your supervisors' and/or forepersons' name(s)? (nicknames and first names are acceptable)	_____
9. Is/was your employer a contractor with the City of New York or a New York City government agency?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
10. If you know, state the name of the New York City agency for which work was performed.	_____
11a. Are/were there any New York City inspectors at the location(s) you worked?	<input type="radio"/> Yes <input type="radio"/> No

## YOUR EMPLOYER'S INFORMATION

If yes, what was his/her name(s) or phone numbers (If known)

11b. Inspector's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

11c. Inspector's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Prime Contractor's Information Fill-in only if your employer is/was a subcontractor

If your employer is was a subcontractor please give the name, address and phone number(s) of the prime contractor

12a. Prime Contractor's Name \_\_\_\_\_

12b. Prime Contractor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12c. Phone Number \_\_\_\_\_ 7d. Secondary Number \_\_\_\_\_

## LOCATIONS WHERE YOU WORKED

THIS OFFICE HAS THE AUTHORITY TO INVESTIGATE **NEW YORK CITY GOVERNMENT CONTRACTS ONLY**. ALL INFORMATION BELOW SHOULD BE LIMITED TO TIME WORKED ON NEW YORK CITY CONTRACTS.

List all locations where work was performed; please give complete addresses, dates, and type of work such as school construction, sewer or road construction, office cleaning, security service, or any other type of work performed. Please be as specific as possible.

Project Work Site Address	Type of Work	Start Date and End Date Month/Year
13a.		
13b.		
13c.		

14a. During the time period you described working on New York City government contracts in above locations (question 13a-13d.) Did you also work on any non-City contract jobs, such as private, state , and or federal jobs?     Yes     No

14b. If Yes, during what period of time did you work on non-City contract jobs?

### TYPE OF WORK PERFORMED

15. What is/was your job title? Example: Laborer, Carpenter, Security Guard, etc?

Describe your job duties by job site (i.e. what you actually do or did on the job; include equipment and tools used. Please be specific).

Duties	Job Site
15a.	
15b.	
15c.	

### FOR NEW YORK CITY WORK ONLY (DO **NOT** INCLUDE STATE, FEDERAL OR PRIVATE WORK)

16. What time do/did you usually start working each day? \_\_\_\_\_

17. What time do/did you usually stop working each day? \_\_\_\_\_

18a. Do/Did these hours ever vary?     Yes     No

18b. If Yes, explain

19a. Do/Did you take a lunch break during the day?     Yes     No

19b. If Yes, how much time were you allowed?

19c. Did your employer pay for your lunch breaks?     Yes     No

### WAGE INFORMATION

20. How much were you paid?

\$ \_\_\_\_\_ net per week      \$ \_\_\_\_\_ per hour

\$ \_\_\_\_\_ per day              \$ \_\_\_\_\_ gross per week

Never received any pay     Other (please specify) \_\_\_\_\_

21. How often are/were you paid?

Daily     Weekly     Every 2 weeks     Other(specify) \_\_\_\_\_

22. How are/were you paid?     Check Only     Cash Only     Check and Cash

## WAGE INFORMATION

23. Do you have check stubs and/or receipts for cash payments? (If yes attach copies)

Yes  No

24a. Were you required to return any portion of your wages?  Yes  No

24b. If yes, please explain

25a. Did your rate of pay ever change?  Yes  No

25b. If yes, give rates of pay and dates of change.

26a. Did you work any overtime?  Yes  No

26b. What was your overtime rate of pay? \$ \_\_\_\_\_

26c. If yes, at which job sites did you work overtime (please list your hours at each site):

27a. Do/did you ever work any (Check all that apply)

Saturdays  Sundays  Holidays

27b. If yes, list dates worked and indicate Saturday/Sunday/ holiday and rate of pay

28a. Did you receive, or did you have to sign, any documents that showed incorrect information about the hours you worked; wages or benefits you were paid, or the type of work you did?  Yes  No

28b. If so, please explain below (and attach the documents if you have them)

**BENEFIT INFORMATION**

29. Check all benefits this company provided you with

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None          | <input type="checkbox"/> Welfare Fund                 | <input type="checkbox"/> Sick Days         |
| <input type="checkbox"/> Holiday Pay   | <input type="checkbox"/> Travel Allowance             | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Pension Fund  | <input type="checkbox"/> Vacation Days                | <input type="checkbox"/> Annuity Fund      |
| <input type="checkbox"/> Personal Days | <input type="checkbox"/> Other (please specify) _____ |  |

30a. Do you ever receive cash instead of some or all benefits?       Yes       No

30b. If yes, what did you receive in cash?

30c. When?

31a. Did you ever receive any bonuses?       Yes       No

31b. If yes, how many times?

31c. What did you receive?

31d. When?

32. To the best of your knowledge, how are/were the hours you worked recorded?  
(Please check all that apply).

- |   |                                |                                 |
|---|--------------------------------|---------------------------------|
| a) Signed in and/or out                     | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| b) Punched in and/or out                    | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| c) You called into the office               | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| d) Foreman/Supervisor on site recorded time | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |

e) If none of the above, how did your employer know what hours you worked?

- Don't Know
- Other (Specify) \_\_\_\_\_

33a. Do you have any records, notes or calendars that show the dates, times, and/or locations you worked?       Yes       No

33b. If yes, list the kinds of records you have and attach a copy of them

**UNION INFORMATION**

34a. Were you a member of a union at any time during your employment with this company?  
 Yes       No

34b. If yes, which one?

**UNION INFORMATION**

34c. When did you become a member?

34d. Are you still a member now?     Yes     No

**OUTREACH INFORMATION**

35. How did you find out about prevailing wages?

- Comptroller's Office     City agency inspector
- Union     Community Group     Sign posted on job site
- Other (please specify) \_\_\_\_\_

36. Additional Comments

I hereby certify that all of the above information is true and accurate to the best of my knowledge. By signing and notarizing this form, you authorize the Comptroller to pursue collection remedies against the contractor, subcontractor or issuer of the payment bond pursuant to Labor Law §220-g.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

\*\*\*\*

PLEASE MAIL THIS COMPLETED FORM TO:

OFFICE OF THE COMPTROLLER  
BUREAU OF LABOR LAW, ROOM 651  
ONE CENTRE STREET  
NEW YORK, NEW YORK 10007