Construction Workplace Misclassification & Prevailing Wage Act Private Citizen Referrals
Attorney General Josh Shapiro

Fair Labor Section
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Please complete this form to the extent possible. If you do not know certain information, you may leave the space blank or mark it as unknown, if applicable.

If returning by mail, please include copies of all documents regarding your claim. Be sure to send COPIES, not originals. Mailing address: Fair Labor Section, 1600 Arch Street, Suite 300, Philadelphia, PA 19103

If returning by email, attachments of your documents should be a gif, jpg, jpeg or PDF. The size of each attached file should be less than 10MB. Email address: fairlabor@attorneygeneral.gov

Private Citizen/Referring Organization Information

Name				
Organization (if applicable)				
Address				
City		State	Zip	County
Primary Phone #	Alternate Phone #	Email Address		

Contractor Information (company against which complaint is being made)

Company Name			
Company Address			
City	State	Zip	County
Phone Number	Fax Number	Email Address	
Name of Owner, President, and/or CEO			
Have you reported the contractor to any other enforcement agency? ☐ Yes ☐ No If so, please specify which agencies, and the date of your report:			

Project information

Project Name		
Project Location		
Type of work being done (e.g. roofing, framing, HVAC, etc.)		
Contractor's Start Date	Contractor's Anticipated Completion Date	Approx. # of Employees
Funding Source(s) (check all that apply) ☐Federal ☐State ☐Local ☐Private		**If the project is funded by a local, state, or federal government agency please complete the Prevailing Wage section.**
Names of Government Agencies Providing Funding (if known)		
General Contractor		
Subcontractors or Labor Brokers		

Construction Workplace Misclassification

Are workers being paid by cash or check? ☐ Cash ☐ Check	**If you have photos, scans, or screenshots of checks or from money transfer apps, please provide copies.**	
If by check, are any amounts being withheld? ☐ Yes ☐ No If so, please identify types of withholdings:		
Do workers: • Own their own business? • Have a written contract with the contractor? • Control and direct their own work? • Possess the tools needed to do the work? • Earn a profit or suffer a loss for their work? • Hold themselves out as independent contractors? • Carry liability insurance of at least $50,000?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No ☐ No ☐ No ☐ No ☐ No
Have you communicated with the contractor regarding your concerns? ☐ Yes ☐ No	**If so, please provide copies of your communications.**	

Prevailing Wage

Name of Contracting Agency	Wage Determination Serial #
Is the wage determination for the project posted on site? ☐ Yes ☐ No	
Are all employees working on the project listed on certified payroll records? ☐ Yes ☐ No	
Is the full hourly base rate being paid? ☐ Yes ☐ No	
Are employees being classified based on the type of work they do? (e.g. roofing, carpentry, etc.) ☐ Yes ☐ No	
Correct Classification	Classification on Certified Payrolls
Is your employer classifying you incorrectly for part of the day? ☐ Yes ☐ No If so, please specify:	
Are apprentices working on the project? ☐ Yes ☐ No ☐ Unknown	If so, are all apprentices enrolled in a registered apprenticeship program? ☐ Yes ☐ No ☐ Unknown If so, please identify the program:
What fringe benefits do employees receive from the employer? (check all that apply) ☐ Medical ☐ Dental ☐ Vision ☐ Vacation ☐ Retirement ☐ Other (please specify)	
How much does the employer claim to spend on fringe benefits per hour? $	
Is the employer claiming credit for fringe benefits it does not provide? (check all that apply) ☐ Medical ☐ Dental ☐ Vision ☐ Vacation ☐ Retirement ☐ Other (please specify) If so, please explain:	
Have you communicated with the contractor regarding your concerns? ☐ Yes ☐ No	**If so, please provide copies of your communications.**