



Public Project Prevailing Wage Complaint Form

Effective for all projects for which bids are solicited by any state agency on and after July 1, 2021, Part 2 of the Colorado Quality Apprenticeship Training Act, C.R.S. § 24-92-201 et seq., requires that all contractors and subcontractors working on **non-federally-funded state projects with contracts of over \$500,000** be paid at the prevailing wage.

For more information, see the [Department of Personnel and Administration Office of the State Architect \(DPA OSA\)'s Prevailing Wage website](#) and [INFO #13: Prevailing Wage and Apprenticeship Program Requirements for Public Projects](#). To view prevailing wage rates, visit the "[Wage Determinations](#)" section of the DPA OSA website.

This form must be submitted to the Contracting Agency for your project, not to CDLE DLSS. Please consult the [Prevailing Wage Poster](#) displayed at your worksite or [contact DPA OSA](#) to identify your Contracting Agency and submit this form and supporting documentation directly to that agency.

Section I: Your Contact Information <i>(To file anonymously, skip to Section II)</i>		
First Name	Last Name	
Mailing Address		
City	State	Zip Code
Phone		
Email Address		

Section II: Employer Contact Information – <i>Complete this section to the best of your knowledge with contact information for the public project contractor or subcontractor that employed you. Missing information or incomplete forms may delay the complaint process.</i>		
Employer Name		
Employer Contact Person Name		
Employer Mailing Address		
City	State	Zip Code

Employer Phone Number

Employer Email Address

Employer website

Section III: Description of the Prevailing Wage Violation *(Please check and complete the boxes that apply and provide an explanation of what happened)*

1. Did the employer fail to pay project employees at the prevailing hourly wage rate identified in the project contract and jobsite postings? Yes No If yes, please explain:

2. Did the employer fail to provide project employees with benefits or equivalent cash payments at the prevailing hourly rate for benefits contributions identified by the applicable wage determination? Yes No If yes, please explain:

3. Did the employer fail to pay project employees at least weekly? Yes No If yes, please explain:

Section IV: Supporting Documentation *(Please attach to the complaint form)*

Please provide the Contracting Agency with relevant documentation to support your complaint by attaching it to this complaint form, and describe the documentation you attached. For example, supporting documentation may include a copy, photo, or screenshot of non-compliant pay records or correspondence with your employer or others concerning wages, benefits, or weekly pay.

If you do not have supporting documentation, describe in detail any additional information for your allegation that this employer has violated Part 2 of the Colorado Quality Apprenticeship Training Act:

To the best of my knowledge, I affirm that the information I have provided is true and correct:

Name (or "Anonymous")

Signature (If Anonymous, leave blank)

Date

Please mail, fax, or deliver your completed complaint form and attached documentation to the CONTRACTING AGENCY.