



**METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI
EQUAL EMPLOYMENT OPPORTUNITY AND
CONTRACT COMPLIANCE PROGRAM
PREVAILING WAGE COMPLAINT**

A prevailing wage complaint may be filed with the MSDGC Prevailing Wage Coordinator or the Bureau of Wage and Hour for investigation. Information regarding filing with the Wage and Hour Bureau can be found at www.com.state.oh.us

Before filing a prevailing wage complaint, please read carefully!

You may file a complaint with the Metropolitan Sewer District of Greater Cincinnati (MSDGC) if:

- A. You were or are employed on the project.
- B. You meet one of the following:
 - 1. Any person who submits a bid for the purpose of securing the award of a contract for construction of the public improvement.
 - 2. Any person acting as a subcontractor of a person mentioned in (B.1.) above.
 - 3. Any bona fide organization of labor which has as members or is authorized to represent employees of a person mentioned in (B.1. or B.2.) and which exists, in whole or in part, for the purpose of negotiating with employers concerning the wages, hours, or terms and conditions of employment of employees.
 - 4. Any association having as members any of the persons mentioned in (B.1. or B.2.) of this section.

Do Not Fill Out This Form If:

- A. The project has been completed for two (2) years.
- B. You acted as an "independent contractor" and not as an "employee" of the business, or you were self-employed.
- C. Your claim is against a contractor who you intend to sue in a private action.
- D. You already have a judgment involving the same wage claim.
- E. The contractor has filed for bankruptcy. (If so, you will need to contact the Bankruptcy Court for further instructions.)

Filing More Than One Complaint:

- A. You must use a separate complaint form for filing against each contractor and/or project.
- B. Each claimant intending to file against a contractor and/or project must use a separate complaint form.

Completing The Prevailing Wage Complaint Form:

- A. Read all questions on the wage claim form carefully before answering. Please fill out your claim completely, legibly, and accurately. You must sign and date.
- B. Provide the contractor's name, name of business, correct address, county, and telephone number. You as the claimant are responsible for providing this information.
- C. To help prove your claim, please provide copies of any documentation you have available. For example, pay stubs or a personal record of hours worked on the project. **DO NOT SEND ORIGINALS.**
- D. Be certain that your name, address, social security number, and telephone number are correct. If you do not have a telephone number, please provide a phone number where you can be reached. If your address or telephone number changes, it is your responsibility to notify us immediately or your claim could be closed.

The Prevailing Wage Complaint Form (PDF) can be downloaded at www.msdbg.org.

**Return Form to: Joseph Fleming III, MPA
Contract Compliance Specialist
Department of Economic Inclusion
805 Central Avenue, Suite 610, Cincinnati, Ohio 45202**

Questions? Call the Prevailing Wage Coordinator at 513-352-3144.



**METROPOLITAN SEWER DISTRICT
EQUAL EMPLOYMENT OPPORTUNITY AND
CONTRACT COMPLIANCE PROGRAM
PREVAILING WAGE COMPLAINT FORM**

PROJECT INFORMATION	
Project Name:	
Project Address:	
City:	County:
Zip:	
Project completed (_____) Over 2 _____	

CONTRACTOR INFORMATION		List name of contractor complaint is against in Name (1)
Name (1):	Address:	
City:	Zip:	County:
Telephone No.		
<input type="checkbox"/> General · <input type="checkbox"/> Prime · <input type="checkbox"/> Subcontractor	If Subcontractor, list name and address of General/Prime in Name (2)	
Name (2):	Address:	
City:	Zip:	County:
Telephone No.		

COMPLAINANT INFORMATION	
Name:	Address:
City:	Zip: County:
Telephone No.	Other number you can be reached:
Complainant Status: <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Interested Party* *To allege Interested Party status, you MUST attach sufficient evidence that you have either bid on the public improvement or are a subcontractor of a bidder, labor organization representing current employees of a bidder, or association which presently has any of the above named persons as members. R.C. Sec. 4115.03(F)	

REASON FOR FILING COMPLAINT	
<input type="checkbox"/> Prevailing Wage Not Paid	<input type="checkbox"/> Wages Not Paid · <input type="checkbox"/> Fringe Benefits Not Paid
<input type="checkbox"/> Overtime	<input type="checkbox"/> Misclassification
Please enclose sufficient evidence to justify your complaint.	
Work Classification:	(Apprentices show level/year)
Hourly Rate Paid:	
Dates worked: From _____	to _____
Total Hours on Project: Regular _____	Overtime _____

YES NO

- · Were you paid time and ½ for hours worked over 40 per week?
- · Did employer provide written notice of job classification?
- · Did employer provide written notice of Prevailing Wage Rate?
- · Did employer provide written notice of name of Prevailing Wage Coordinator?

What Fringe Benefits were paid by the company? None

- | | | |
|----------------------------------------------|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Health Insurance \$ | <input type="checkbox"/> Life Insurance \$ | <input type="checkbox"/> Paid Vacation \$ |
| <input type="checkbox"/> Paid Holidays \$ | <input type="checkbox"/> Paid Sick Leave \$ | <input type="checkbox"/> Pension \$ |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Other | <input type="checkbox"/> Training _ |

Hours worked recorded by: time card/sheet called into office recorded by foreman other

SIGNATURE AND NOTARY

I hereby certify that this is a true statement to the best of my knowledge and belief.

Signature _____
Date

Sworn to and before me and subscribed by the said: _____

In my presence this _____ **day of** _____, **20** _____

Notary Public

SEAL