



Office of Labor Standards

CITY OF PHILADELPHIA

Prevailing Wage Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email laborstandards@phila.gov or call 215.683.5492. Thank you for contacting the Office of Labor Standards. Please clearly print or type answers to the questions below. If you have questions about this form or would like help filling out this form, please email our office at laborstandards@phila.gov or call 215.683.5492.

You can submit the completed form in the following ways:

- 1) Email: Laborstandards@phila.gov
- 2) Mail to: MSB Building
ATTN: Office of Labor Standards
1401 JFK Blvd, Suite 170C, Philadelphia PA 19102

After our office receives your completed form, we will contact you within fifteen business days.

Contact

Provide the best form of contact.

1

Name _____

Address _____

Email _____ Phone _____

Employment Information

Enter details about the employer for this complaint.

2

Name of Business _____

Address _____

Supervisor Name _____ Supervisor Phone _____

Supervisor Email _____ Your Job Title _____

Are you currently employed by this employer? Yes No

Complaint details

Enter information about the complaint.

Please submit all information you have regarding hours worked and compensation along with this form. Our office will work with you if additional information is needed.

3

Please check each violation for this complaint:

<input type="checkbox"/> Minimum wage	<input type="checkbox"/> Not paid prevailing wage	<input type="checkbox"/> Wrongful pay deduction
<input type="checkbox"/> Overtime	<input type="checkbox"/> Not paid all hours worked	<input type="checkbox"/> Tip deduction
<input type="checkbox"/> Work off the clock	<input type="checkbox"/> Not paid benefits	<input type="checkbox"/> Other (specify) _____

Have you experienced retaliation from this employer? Yes No

Dates or time periods for claim: _____

Estimated Total Wage claim: (Min \$100, Max \$10,000) _____

Signature

4

Pursuant to 18PA.CON.S.TAT.ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information and any other information I supply is true, correct and complete. I understand that if I make false statements, I'm subject to penalties.

Signature _____ Date _____

Internal use only

Complaint # _____ Investigator Initials: _____ Date sent to employer _____