

# MONTGOMERY COUNTY, MARYLAND PREVAILING WAGE LAW COMPLAINT FORM

This form must be used to file any complaint regarding an alleged violation of Montgomery County's Prevailing Wage law, Section 11B-33C of the Montgomery County Code. The filing of this form does not require the County to conduct an investigation to determine the validity of a complaint. It is the complainant's responsibility to provide proof of the validity of his/her complaint. Any form that is not properly completed will be returned to the complainant. Please enclose a separate sheet of paper if you need additional space. Return all completed forms and any evidence to: Montgomery County Maryland, OBRC, ATTN: Prevailing Wage Program Manager, 255 Rockville Pike, Rockville, MD 20850

**1. NAME:** \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**2. EMPLOYER INFORMATION**

EMPLOYER OR OWNER NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**3. COMPLAINANT INFORMATION**

I am a  current employee  former employee  other  union representative

If you are a union representative, do you presently represent any of the employees who work for the employer indicated above?  YES  NO

Has the employer filed for bankruptcy?  YES  NO

Is the employer still in business?  YES  NO

Have you retained an attorney to resolve this matter?  YES  NO

If the complainant indicated in (1.) above has never been employed by the employer indicated in (2.), the complainant must provide the name, address and telephone number of an allegedly aggrieved employee and must complete the remainder of this form to the best of his/her ability before this complaint will be investigated. Under these circumstances a complaint will only be investigated for the allegedly aggrieved employee indicated below. A separate form must be completed for each allegedly aggrieved employee.

EMPLOYER OR OWNER NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

4. Alleged violations: Check where appropriate and briefly explain the nature of the violation(s) committed by the employer. Only those violations checked will be investigated:

- Straight Time                       Overtime                       Improper Classification  
 Sunday/Holiday Pay               Retaliation

**5. Allegedly Aggrieved Employee Data:**

Date employment began with employer: \_\_\_\_\_

Date employment ended (if former employee) \_\_\_\_\_

Normal Trade: \_\_\_\_\_ Rate of Pay Per Hour: \_\_\_\_\_

Does your employer normally provide you with any fringe benefits, such as health insurance, pension, paid vacation, profit sharing, IRA, etc?     YES         NO

If yes, indicate below the specific fringe benefits provided:

**6. Project Information:**

Please enter the following information for only the County project (s) on which the employer allegedly committed the previously indicated violation(s). If project information is not entered, no investigation will be conducted.

Project Location: \_\_\_\_\_

Describe the work you performed and the date(s) you worked on the above named project(s).

What trade/occupation did you perform on this County project? \_\_\_\_\_

Do you have any prior experience in this trade/occupation while working for a different employer?     YES     NO

If yes, how many years? \_\_\_\_\_

How much were you paid per hour on the County project(s) named above? \_\_\_\_\_

Did you ever work any overtime?                       YES         NO

Did you receive your regular fringe benefits?  YES         NO

Did you keep any records of the hours you worked?  YES     NO    If yes, send copies of them with this form.

Did you keep your paycheck stubs?     YES     NO    If yes, send copies of them with this form.

**7. Calculations:**

Do you owe your employer any money?     YES     NO

If yes, how much and for what? \_\_\_\_\_

Did you ask your employer for your back wages?     YES     NO

If yes, when did you ask? \_\_\_\_\_

How much do you believe your employer owes you? \_\_\_\_\_

Indicate how you arrived at this amount:

(Note - if the complaint is based on retaliation, provide all information regarding the retaliation below.)

**ATTESTATION**

**I HEREBY DELARE AND VERIFY UNDER PENALTY OF PREJURY THAT THE INFORMATION CONTAINED IN THIS COMPLAINT FORM IS TRUE AND CORRECT.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_