



Bureau of Labor Law

THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET ROOM 1122
NEW YORK, N.Y. 10007-2341

TELEPHONE: (212) 669-4443
FAX NUMBER: (212) 669-4002

WILLIAM C. THOMPSON, JR.
COMPTROLLER

Dear Friend:

My office conducts compliance investigations pursuant to Sections 220 and 230 of the New York State Labor Law and Section 6-109 of the New York City Administrative Code. Sections 220 and 230 require that all contractors on New York City public works jobs pay prevailing wages and supplemental benefits as determined by the Comptroller. Section 6-109 requires that employees of city contractors, in certain categories such as office temporary workers, security, cleaning and food service personnel receive a living wage.

I believe that every working person is entitled to receive an appropriate wage commensurate with the nature of the work performed. The New York State Constitution provides that “no laborer, workperson or mechanic in the employ of a contractor or subcontractor engaged in the performance of any public work shall be paid less than the rate of wages prevailing in the same trade or occupation in the locality within the state where such public work is to be situated, erected or used.”

This means that anyone employed by a contractor or subcontractor performing construction or related work for the City of New York, performing services for a building owned or occupied by the City of New York or employed under a city service contract as a security guard or other title specified in Section 6-109 is entitled to receive at minimum the wages and benefits set forth in the Comptroller’s Prevailing Wage Schedule.

I have instructed my staff to vigorously enforce the prevailing wage and living wage laws to ensure that you are indeed receiving proper wages for the work you are performing and I have prepared this form to assist you in pursuing your complaint.

Sincerely,

William C. Thompson, Jr.

CITY OF NEW YORK
OFFICE OF THE COMPTROLLER--BUREAU OF LABOR LAW
PREVAILING WAGE VIOLATION COMPLAINT

If you have not been paid prevailing wages and wish to file a complaint against a contractor, please complete the attached form. Answer all questions as completely as possible and include copies of your pay stubs and any other documentation (cancelled checks, work diaries, etc). If you need additional space, use the back pages of the attached form. When you are finished, read the certification statement, sign your name and have it notarized. This office may call upon you to provide further information and/or to testify at an administrative hearing.

Please note that the Comptroller's Office **does not** have jurisdiction over private, state, or federal projects. In the event that a job site you list is under the jurisdiction of the state and/or federal government, this office will notify you in writing and forward a copy of this document to the appropriate agency.

An investigation may be lengthy; your patience and cooperation is appreciated. In the course of our investigation, a copy of this complaint may be provided to your employer as well as other interested parties. The Labor Law Bureau of the Comptroller's Office does not represent you in any legal capacity; you may retain legal counsel if you choose. By signing and notarizing this form, you authorize the Comptroller to pursue collection remedies against the contractor, subcontractor or issuer of the bond payment pursuant to Labor Law §220-g.

Please note, if a wage underpayment is determined, and before payment is made to you, a lien search will be made of any child support payments you may owe. Any such sums you owe will be deducted from any amounts determined to be owed to you by your employer.

******* THIS FORM MUST BE MAILED TO:**

**OFFICE OF THE COMPTROLLER
BUREAU OF LABOR LAW
ONE CENTRE STREET, ROOM 1122
NEW YORK, NY 10007**

8. Employer's Identification Number (EIN): (you can get this from your W2, Unemployment Book or Payroll stubs): _____

9. What is/was your supervisors' and/or forepersons' name(s)?
(nicknames and first names are acceptable)

10. Is/was your employer a contractor with the City of New York or a New York City government agency?

Yes ___ No ___ Don't know ___

11. If you know, state the name of the New York City agency for which work was performed.

12. Are/were there any New York City inspectors at the location(s) you worked? Yes ___ No ___
If yes, what was his/her name(s) or phone numbers (If known):

LOCATIONS WHERE YOU WORKED:

THIS OFFICE HAS THE AUTHORITY TO INVESTIGATE **NEW YORK CITY GOVERNMENT CONTRACTS ONLY**. ALL INFORMATION BELOW SHOULD BE LIMITED TO TIME WORKED ON NEW YORK CITY CONTRACTS.

13. List all locations where work was performed; please give complete addresses, dates, and type of work such as school construction, sewer or road construction, office cleaning, security service, or any other type of work performed. Please be as specific as possible.

<u>Project Work Site Address</u>	<u>Type of work</u>	<u>Start Date and End Date Month/Year</u>

TYPE OF WORK PERFORMED:

14. What is/was your job title? Example: Laborer, Carpenter, Security Guard, etc.

15. Describe your job duties **by job site** (i.e. what you actually do or did on the job; include equipment and tools used. Please be specific.

Duties

Job Site

FOR NEW YORK CITY WORK ONLY (Do NOT include State, Federal or Private work):

16. What time do/did you usually start working each day? _____

17. What time do/did you usually stop working each day? _____

18. Do/Did these hours ever vary? Yes_____ No_____

If yes, explain: _____

19. Do/Did you take a lunch break during the day? Yes_____ No_____

If yes, how much time were you allowed? _____

Did your employer pay you for lunch breaks? _____

WAGE INFORMATION:

20. How much are/were you paid?

\$ _____ per hour

\$ _____ per day

\$ _____ gross per week

_____ Never received any pay

\$ _____ net per week

_____ Other (please specify)

21. How often are/were you paid? Daily _____ Weekly _____

Every two weeks _____ Other (specify) _____

22. How are/were you paid?

Check only _____ Cash only _____ Check and Cash _____

23. Do you have check stubs and/or receipts for cash payments?

Yes _____ No _____ If so, attach copies.

a) Were you required to return any portion of your wages? If yes, please explain:

24. Did your rate of pay ever change? Yes _____ No _____

If yes, give rates of pay and dates of change. _____

25. Did you work any overtime? Yes _____ No _____

a) What was your overtime rate of pay? _____

b) If yes, at which job sites did you work overtime (please list your hours at each site):

26. Do/Did you ever work any Saturdays , Sundays , or holidays ? (Please check all that apply).

If yes, list dates worked and indicate Saturday/Sunday /holiday and rate of pay.

27. Did you receive, or did you have to sign, any documents that showed incorrect information about the hours you worked; wages or benefits you were paid, or the type of work you did? If so, please explain below (and attach the documents if you have them).

BENEFIT INFORMATION:

28. **Check all benefits this company provided you with:**

- | | |
|-----------------------|-------------------------|
| None _____ | Vacation Days _____ |
| Pension Fund _____ | Personal Days _____ |
| Annuity Fund _____ | Sick Days _____ |
| Welfare Fund _____ | Travel Allowance _____ |
| Holiday Pay _____ | Medical Insurance _____ |
| Other (specify) _____ | |

29. Do you ever receive **cash instead of some or all benefits**? Yes ___ No ___
If yes, what did you receive in cash? _____
When? _____

30. Did you ever receive any bonuses? Yes ___ No ___
If yes, how many times? _____ What did you receive? _____
When? _____

31. To the best of your knowledge, how are/were the hours you worked recorded?
(Please check all that apply).
a. Signed in and/or out _____ daily _____ weekly _____
b. Punched in and/or out _____ daily _____ weekly _____
c. You called into the office _____ daily _____ weekly _____
d. Foreman/Supervisor on site recorded time. Yes ___ No ___
If none of the above, how did your employer know what hours you worked?

e. Don't know? _____
f. Other (specify) _____

32. Do you have any records, notes or calendars that show the dates, times, and/or locations
you worked? Yes ___ No ___
If yes, list the kinds of records you have and **attach a copy** of them.

UNION INFORMATION:

33. Were you a member of a union at any time during your employment with this company?
Yes ___ No ___
If yes, which one? _____
Name/Local # /Address

34. When did you become a member? _____

35. Are you still a member now? Yes ___ No ___ Don't know ___

Additional Comments _____

I hereby certify that all of the above information is true and accurate to the best of my knowledge. By signing and notarizing this form, you authorize the Comptroller to pursue collection remedies against the contractor, subcontractor or issuer of the payment bond pursuant to Labor Law §220-g.

Signature

Date

Sworn to before me this _____ day of _____, 200__

Notary Public or Commissioner of Deeds

****** PLEASE MAIL THIS COMPLETED FORM TO:**

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