

**PREVAILING WAGE
COMPLAINT FORM**

I hereby make the following complaint under the "Prevailing Wage Law" of Maryland.
State Finance & Procurement Article, Section 17-201 through Section 17-226 - Annotated
Code of Maryland

CLAIMANT INFORMATION

Name: _____ SSN or TIN: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Number _____ Email _____

EMPLOYER/CONTRACTOR INFORMATION

Employer/Contractor's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

PROJECT INFORMATION

Wage Determination Number: _____

Project Name: _____

Project Address/Location: _____

General Contractor: _____

Dates of Employment: _____ to _____

Classification: _____

Hourly Rate and Fringe Received: _____ Number of Hours Worked: _____

