

DEPARTMENT OF TRANSPORTATION
DIVISION OF CONSTRUCTION-LABOR COMPLIANCE
DISTRICT XX
ADDRESS
CITY, STATE ZIP
PHONE XXX-XXX-XXXX
FAX XXX-XXX-XXXX
TTY 711
districtX.payrolls@dot.ca.gov



*Flex your power!
Be energy efficient!*

NOTICE OF COMPLAINT ASSIGNMENT

[Date]

[Mr. or Ms. Complainant's Name]
[Address]
[City, ST ZIP]

Dear [Mr. or Ms. Complainant's Last Name]:

The Labor Compliance Program for the Department of Transportation (Caltrans) received your [Date] [written or verbal] complaint against [Prime or Subcontractor's Name] for alleged prevailing wage violations on Caltrans contract number(s) [Contract #(s)]. *(For verbal complaints, include the following sentence and enclosure: "To assist Caltrans with investigating your complaint, a Prevailing Wage Complaint form is enclosed. Please complete the complaint form and return it to the above address by [Date 30 days from date of letter].")*

Your complaint has been assigned to [Labor Compliance Officer's Name] for investigation. You will be contacted if further information is required to complete the investigation. If you have any questions, please contact [Labor Compliance Officer's Name] at [phone number].

Sincerely,

[NAME IN ALL CAPS]
(District #/Region Labor Compliance Manager or Officer)

c: [Name, Title, Office]
(These names appear on the original letter and all copies of the original letter. Anyone mentioned in the body of the letter should be listed in the copies.)

(For verbal complaints, include the enclosure.)
Enclosure: **Prevailing Wage Complaint Form**