

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



*Serious Drought.  
Serious drought.  
Help save water!*

## 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**

*“Provide a safe, sustainable, integrated and efficient transportation system  
to enhance California’s economy and livability”*