For Internal Use:

Complaint No.:_____

PUBLIC WORKS EMPLOYMENT VERIFICATION COMPLAINT FORM

This form is used for filing complaints under Act 127 of 2012, known as the Public Works Employment Verification Act.

RETURN TO:

Public Works Employment Verification Compliance Office
Room 105 Tent Building
Department of General Services
Public Works Deputate
18th and Herr Streets
Harrisburg, PA 17125
Fax: (717)214-3669

PLEASE PRINT:

I. Complainant Information (Required)

Date: _____

Name of Individual or Business Filing Complaint: _____

Address:

_____

Phone: (____) _____-_____

II. Contractor/Subcontractor Information (Please complete this Section to the best of your knowledge. Insufficient information may result in dismissal of your complaint.)

Individual or Business against whom this Complaint is made: _____

Address:

_____

Phone: (____) _____-_____

County Location: _____

Project Name/Description (if known): _____

_____

COMPLETE REVERSE SIDE

III. <u>Nature of Complaint</u> (Required)

Please identify the factual basis giving rise to this claim. Include names, dates, times, locations, actions and/or inactions that are in alleged violation the Public Works Employment Verification requirements. (Attach sheets if more space is needed)

*Please note that the Department is only obligated to accept, review and investigate credible complaints. The Department will consider the timeliness of the complaint in assessing its credibility and complaints lacking sufficient facts to support an investigation may be dismissed.

I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above complaint.

_____ _____

Signature Date

This Office will contact you for any further information that may be necessary to investigate the complaint.