

**COMPLAINT OF WAGE THEFT OR PAYROLL FRAUD**

**SECTION 1: Person Reporting Wage Theft or Payroll Fraud**

A. Full Name: \_\_\_\_\_

B. Contact Information (only information for preferred method of contact is required):  
Daytime Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 2: Development Site/Project (for non-Development projects respond N/A to 2.B.)**

A. Project Name: \_\_\_\_\_

B. Site Address: \_\_\_\_\_ Developer: \_\_\_\_\_

C. Contractor or Subcontractor Alleged to Have Committed Wage Theft or Payroll Fraud (if allegation is against the Developer, indicate N/A): \_\_\_\_\_

Contact Person and Contact Information: \_\_\_\_\_

**SECTION 3: Allegation(s) of Wage Theft or Payroll Fraud**

A. Suspected Violation(s) (check all that apply)

Wage Theft:

- Violation of State Prompt Pay Statute (ORC 3113.15)
- Violation of State Minimum Wage (ORC Chpt 3111 & Ohio Constitution, Article II, §34a)
- Violation of State Minors' Wage & Hours Laws (ORC Chapter 3109)
- Violation of State Prevailing Wage Laws (ORC Chapter 4115)
- Violation of Sale of Merch or Required Purchase Prohibition (ORC 3113.17 & 3113.18)
- Retaliation for Reporting Violations Believed to be Criminal Offense (ORC 3113.52)
- Failure to Timely Pay Subcontractor or Materialmen (ORC 3113.61)
- Violation of Federal Prevailing Wage Laws (Davis Bacon and Related Acts)
- Violation of City Living Wage Ordinance (Chapter 317)
- Other (specify): \_\_\_\_\_

Payroll Fraud:

- Tax Evasion or Tax Fraud
- Misclassification of Employees as Independent Contractors
- Unreported or Underreported Payment of Wages
- Cash Payment without Record of Reporting or Withholding
- Other (specify): \_\_\_\_\_

B. Date(s) of Violations Identified in Section 3.A.: \_\_\_\_\_

- C. Do you have any evidence of the alleged Violations identified in Section 3.A.?  Yes  No
- D. Describe the basis of your knowledge or belief that the violation(s) identified in Section 3.A. occurred and describe the evidence that exists to support the allegations (***you must attach any evidence you have in your possession***): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- E. If you are not the victim of the alleged Wage Theft or Payroll Fraud, provide the name and preferred contact information for at least one victim of or witness to the Wage Theft or Payroll Fraud (attach additional sheets if you want to provide additional victim/witness information):

Name: \_\_\_\_\_

Witness or Victim (***circle one***) Preferred Contact Information: \_\_\_\_\_

- F. Have you reported these allegations to another federal, state or local agency?  Yes  No

If yes, to which agency did you make a report? \_\_\_\_\_

Approximate date report was made: \_\_\_\_\_

**SECTION 4: Certification**

- A. If the person identified in Section 1.A. had assistance with the completion of this form, identify the person who provided the assistance:

Name: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

- B. **I hereby certify under penalty of perjury that the statements contained herein are true and accurate to the best of my knowledge and belief.**

Signature: \_\_\_\_\_

Sworn to before me by \_\_\_\_\_ as his or her free and voluntary act this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_