



MARTIN O'MALLEY, Governor  
ANTHONY G. BROWN, Lt. Governor  
THOMAS E. PEREZ, Secretary

Division of Labor and Industry  
J. Ronald DeJuliis, Commissioner

Living Wage E-mail \* [livingwage@dllr.state.md.us](mailto:livingwage@dllr.state.md.us)

**I hereby make the following complaint under Title 18, Living Wage Law of Maryland  
State Finance and Procurement Article, Section 18-101 thru 18-109, Annotated Code of Maryland**

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

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month/Date/Year

Date Employment Began: \_\_\_\_\_ Date Employment Terminated: \_\_\_\_\_  
Month/Date/Year Month/Date/Year

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address of Work Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is Contract for Services valued in excess of \$100,000.00? [Circle one] Yes No Don't Know

How many consecutive weeks did you worked on this project: \_\_\_\_\_ Did you Work Full Time?: \_\_\_\_\_  
(Yes or No)

First Day Worked on this Contract: \_\_\_\_\_ Last Day Worked on this Contract: \_\_\_\_\_

Rate of Pay: \_\$ \_\_\_\_\_ [Circle One] Hourly Daily Weekly Monthly

Statement of Claim: \_\_\_\_\_

I do solemnly declare and affirm under penalties of perjury that the matters and facts set forth herein are true and correct.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

