

PREVAILING WAGE COMPLAINT FORM

I hereby make the following complaint under the "Prevailing Wage Law" of Maryland. State Finance & Procurement Article, Section 17-201 through Section 17-226 - Annotated Code of Maryland

CLAIMANT INFORMATION

Name:	SSN or TIN:		
Mailing Address:			
		ZIP:	
Contact Number	En	nail	
EMP	LOYER/CONTRAC	TOR INFORMATION	
Employer/Contractor's Na	me:		
Mailing Address:			
		ZIP:	
	PROJECT INF	ORMATION	
Wage Determination Num	ber:		
Project Name:			
Project Address/Location:			
General Contractor:			
Dates of Employment:		to	
Classification:			
		Number of Hours Worked:	



STATEMENT OF CLAIM		
I declare and affirm that the matters and in	formation set forth herein are true and correct.	
Signature:	Print•	
Date:	Print:	
Date:		

Please include COPIES of paystubs and any information to assist with your claim.