



(This form is to be used to report instances of possible worker misclassification in the construction and landscaping industries only.)

Under Maryland’s Workplace Fraud Act, individuals in the construction and landscaping industries are presumed to be employees of the person or business for whom they work. If the person or business for whom you work has told you that you are not an employee and you believe that this is incorrect, you may report the possible misclassification to the Worker Classification Protection Unit using this form. Please answer all questions to the best of your ability. You may also attach any relevant documentation of your status such as a written contract or employment agreement between you and the person or business, copies of pay statements, copies of training manuals or written instructions provided to you, or other information that will help us determine your correct classification.

Any information you provide is confidential and may not be disclosed without your consent until the investigation is concluded and a citation is issued, if it is determined that you were improperly classified. Please note that it is illegal for a person or business to discriminate or retaliate against an individual who reports possible misclassification. A person or business that is guilty of discrimination or retaliation is subject to penalties. If, after filing this report, you believe that the person or business for which you work discriminated or retaliated against you (by firing you, reducing your pay, or cutting your hours for example), please contact the Worker Classification Protection Unit immediately.

It is also illegal to file a groundless or malicious complaint in bad faith against a person or business. An individual who, in bad faith, files a groundless or malicious complaint is also subject to penalties including an administrative penalty of up to \$1,000. Any person or business required to defend an action taken as a result of a groundless or malicious complaint may be entitled to recover attorney’s fees as well.

This form is being completed and submitted by: Worker Third party (such as an attorney or accountant representing the worker, family member, foreign language translator, labor union, trade association, etc.)

If you are a third party, what is your relationship to the worker?

If you are a third party reporting misclassification of unrelated workers, please list the name, job title, address, and telephone number of each worker you are reporting. If you are reporting more than one worker, please include the additional workers’ at the end of this form.

Worker’s Name:

Worker’s Job Title:

Worker’s Address:

Worker’s Phone:

If you are the worker’s legal representative and would like us to communicate with you, please provide a power of attorney executed by the worker giving us authority to discuss this matter with you.

What is the name of the company for which you/the workers perform services? (If the company operates under more than one name, please tell us all the names under which the company operates.)

Who owns the company for which you/the workers perform services?

Type of business: Construction Landscaping Other

Describe the type of work done by the business (such as general construction, plumbing, electrical, roofing, flooring, drywall, commercial landscaping, residential landscaping, etc.):

(Reports that involve industries other than construction and landscaping will be forwarded to the Governor's Joint Enforcement Task Force on Workplace Fraud or other appropriate State agency.)

Company's Federal Tax ID Number (If you received a 1099 from this company, this is the number in the box labeled "PAYERS federal identification number." If you received a W-2, this is the number in Box b, labeled "Employer

Identification Number (EIN)"):

Business Address of the Company (include street address, city, state, and zip code):

Business Telephone Number of the Company:

Office:

Cell:

Location of Current Work Site(s) (if different than business address):

When will the company be at this work site?

Beginning date: / / Ending date: / /
Month Day Year Month Day Year

How many workers does the company have at this site?:

How many workers in total perform the same or similar services as you/the workers for the company?

If you know of other or future worksites on the company's schedule, please provide locations and dates.

When did you/the worker work for the company?

Beginning date: / / Ending date: / /
Month Day Year Month Day Year

Still working for this company.

I believe that I am an employee or that the worker(s) is/are employees of this company and that the company is in violation of Maryland's Workplace Fraud Act because:

- The company does not withhold taxes from my/the workers' pay
- The company does not keep written records of the hours that I/the workers work
- The company gives me/the workers Form 1099 instead of Form W-2
- The company did not give me/the workers Form 1099 or Form W-2 (the company paid me "under the table")
- I am not self-employed and I do not own and operate my own business related to the work I do for this company

Did the company provide you with a written notice of your status as an independent contractor or an exempt person and the consequences of that status with regard to your liability for your own taxes and other consequences of your status as an independent contractor or exempt person?

Yes No Unsure

You may report worker misclassification anonymously; however, if you choose not to provide your name and contact information, we may not be able to obtain enough information to investigate your case and make a determination of your status. If you choose to provide your name and contact information, we will keep that information confidential to the extent allowed by law.

Your name (please print):

Your address (include street address, apartment number, city, state, and zip code):

Your telephone number(s): Home: Work: Cell:

Your email address:

Attention Third Party Complainants: If you are reporting more than one worker, please include information regarding additional worker(s) here. You may use a separate sheet of paper if you need to report additional workers.

Worker's Name: Worker's Job Title: Worker's Address: Worker's Phone:	Worker's Name: Worker's Job Title: Worker's Address: Worker's Phone:
Worker's Name: Worker's Job Title: Worker's Address: Worker's Phone:	Worker's Name: Worker's Job Title: Worker's Address: Worker's Phone:
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I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the above Complaint are true and I am competent to testify to these matters.

Signed: _____

Date: _____