ANNE ARUNDEL COUNTY, MARYLAND
PREVAILING WAGE LAW

COMPLAINT FORM

This form must be used to file any complaint regarding an alleged violation of Anne Arundel County's Prevailing Wage and Local Hiring laws, Section 8-2-115 and 8-2-116 of the Anne Arundel County Code. It is the complainant's responsibility to provide proof of the validity of the complaint. Any form that is not properly completed will be returned to the complainant. Please enclose a separate sheet of paper if you need additional space. Return all completed forms and any evidence to: prevailing-wage-notifications@aacounty.org.

1. **COMPLAINANT INFORMATION**

COMPLAINANT NAME:_____

STREET ADDRESS:_____

CITY:_____STATE:_____ ZIP CODE:_____

PHONE:_____MOBILE PHONE: _____

EMAIL:_____

I am a ☐ current employee ☐ former employee other ☐ union representative

☐ other: _____

If you are a union representative, do you presently represent any of the employees who work for the employer indicated above?   ☐ YES   ☐ NO

Have you retained an attorney to resolve this matter? ☐ YES   ☐ NO

A separate form must be completed for each allegedly aggrieved employee.

If the Complainant is not the Employee (indicated in Section 2), the Complainant must provide the name, address, and telephone number of an allegedly aggrieved employee and must complete the remainder of this form to the best of his/her ability before this complaint will be investigated. Under these circumstances, a complaint will only be investigated for the allegedly aggrieved employee indicated below.

2. EMPLOYEE NAME AND CONTACT INFORMATION

EMPLOYEE NAME: _____

STREET ADDRESS: _____

CITY:_____ STATE:_____ ZIP CODE:_____

PHONE:_____MOBILE PHONE:_____

EMAIL: _____

3. EMPLOYER INFORMATION

EMPLOYER OR OWNER NAME:_____

STREET ADDRESS:_____

CITY:_____STATE:_____ ZIP CODE:_____

PHONE:_____

4. **ALLEGED VIOLATIONS:** Check where appropriate and briefly explain the nature of the violation(s) committed by the employer. Only those violations checked will be investigated:

☐Straight Time   ☐ Overtime   ☐Improper Classification

☐Sunday/Holiday Pay   ☐Retaliation

☐Local Hiring Requirement Violation

5. ALLEGEDLY AGGRIEVED EMPLOYEE DATA:

Date employment began with employer:_____

Date employment ended (if former employee):_____

Normal Trade:_____Rate of Pay Per Hour:_____

Does your employer normally provide you with any fringe benefits, such as health insurance, pension, paid vacation, profit sharing, IRA, etc?   ☐YES   ☐NO

If yes, indicate below the specific fringe benefits provided:

_____
_____
_____
_____

If your employer has failed to comply with local hiring requirements, please provide details including the evidence and supporting facts, during written testimony additional documentation may be required by the County here:

_____
_____
_____

6. PROJECT INFORMATION: Please enter the following information for only the County project(s) on which the employer allegedly committed the previously indicated violation(s). If project information is not entered, no investigation will be conducted.

Project Location:_____
_____

Describe the work you performed and the date(s) you worked on the above named project(s)._____
_____

What trade/occupation did you perform on this County project?_____
_____

Do you have any prior experience in this trade/occupation while working for a different employer?   ☐YES   ☐NO

If yes, how many years? _____

How much were you paid per hour on the County project(s) named above? _____

Did you ever work any overtime?   ☐YES   ☐NO
Did you receive your regular fringe benefits?   ☐YES   ☐NO
Did you keep any records of the hours you worked?   ☐YES   ☐NO
If yes, send copies of them with this form.

Did you keep your paycheck stubs?   ☐YES   ☐NO
If yes, send copies of them with this form.

7. CALCULATIONS:

Do you owe your employer any money?   ☐YES   ☐NO
If yes, how much and for what?

Did you ask your employer for your back wages?   ☐YES   ☐NO
If yes, when did you ask? _____

How much do you believe your employer owes you? _____
Indicate how you arrived at this amount:

_____
_____

(Note - if the complaint is based on retaliation, provide all information regarding the retaliation below.)

_____
_____
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ATTESTATION

I HEREBY DECLARE AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS COMPLAINT FORM IS TRUE AND CORRECT.

Signature:_____

Printed Name: _____**Date:** _____

Revised 7/1/2022