

WEST VIRGINIA DIVISION OF LABOR

Request for Investigation Form

Section 1 - Complainant Information

Date: _____

Name: _____ Daytime Phone #: _____

Address: _____ Facsimile #: _____

Street Address or P.O. Box

_____ Email Address: _____

City, State, Zip

(Required if requesting notification below)

Your relationship/concern in this matter is as:

Private Citizen Representative of _____

Competitor Other (Describe): _____

Please check if you want notified, via email only, when the initial investigation has been conducted?

Section 2 - Company / Issue to be Investigated:

Please describe the issue you request to be investigated. Remember to include company and/or individual names when applicable and directions to site/location to be investigated. Be specific in your explanation and identify the violation of law alleged:

For PW Projects Only: Project Start Date: _____ Completion Date: _____

Section 3 - Office Use Only:

RFI #:

County:

Type of Investigation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Manufactured Housing | <input type="checkbox"/> Undocumented Workers |
| <input type="checkbox"/> Child Labor | <input type="checkbox"/> Plumbers License | <input type="checkbox"/> Wage & Hour |
| <input type="checkbox"/> Contractor License | <input type="checkbox"/> Prevailing Wage | <input type="checkbox"/> Weights & Measures |
| <input type="checkbox"/> Crane Certification | <input type="checkbox"/> Safety | <input type="checkbox"/> Other / Referral: _____ |

Directed By: _____

Assigned To: _____

Date Assigned: _____

Section 1 must be completed in full for your complaint to be investigated. Anonymous requests will not be processed. You may send in your complaint by facsimile to (304) 558-5174 or (304) 558-2447 or mail it to the following address:

West Virginia Division of Labor
State Capitol Complex
Bldg. 6, Room 749-B
Charleston, WV 25305