



For Internal Use:

Complaint No.: _____

**Commonwealth of Pennsylvania
Public Works Employment Verification Complaint Form**

Public Works Employment Verification Office
Department of General Services | Office of Workplace Operations
1800 Herr Street, Arsenal Building, 3rd Floor, Harrisburg, PA 17125
ra-gsgseverify@pa.gov

This form is required for filing complaints under [Act 141 of 2022](#), known as the Public Works Employment Verification Act.

Complainant Information

Date: _____

**Name of Individual or
Business Filing Complaint:** _____

Address: _____

Street Address 1

Street Address 2

City

State

Zip Code

Phone Number: _____ **Email:** _____

Contractor/Subcontractor Information: Please complete this section to the best of your ability against whom this complaint is made. Insufficient information may result in the dismissal of your complaint.

Public Body¹

Issuing Contract: _____

Individual/Business: _____

Street Address 1

Street Address 2

City

State

Zip Code

Phone Number: _____ **Email:** _____

Project Name/Description: _____

Contract Award Amount: _____

Contract Number: _____ **Contract Award Date:** _____

PDF of the Contract: If possible, attach a copy of the contract when submitting the finalized form.

¹ Public Body is defined as the Commonwealth of Pennsylvania, any of its political subdivisions, any authority created by the General Assembly of the Commonwealth, and any instrumentality or agency of the Commonwealth.

Select type(s) of Public Work this complaint is in reference to:

Construction Reconstruction Demolition Alteration Repair Work
Public Work is defined as construction, reconstruction, demolition, alteration and/or repair work other than maintenance work, done under contract and paid for in whole or in part out of the funds of a public body in an excess of \$25,000, but shall not include work performed under a rehabilitation or manpower training program.

Nature of Complaint: Please identify the factual basis giving rise to this claim. Include names, dates, times, locations, actions and/or inactions that are in alleged violation of the Public Works Employment Verification requirements. Attach additional sheets if more space is needed.

Please note, the Department is only obligated to accept, review, and investigate credible complaints. The Department will consider the timeliness of the complaint in assessing its credibility. Complaints lacking sufficient facts to support an investigation may be dismissed.

I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above complaint.

Signature

Date of Signature

Printed Name: _____