



Prompt Payment Complaint & Investigation Form

Department of Contracting and Purchasing (DC&P)

Section A CONTACT INFORMATION

1) Person Making Complaint (Name)	1a) Complaint Against (Name)
2) Company Name	2a) Company Name
3) Address	3a) Address
4) City State Zip Code	4a) City State Zip Code
5) Phone	5a) Phone
6) Email Address	6a) Email Address
7) Authorize the following person(s) to handle complaint on my behalf:	

Section B PROJECT INFORMATION

1) Project No.	2) Project Name/Title			
3) Amount Paid on Contract To Date:	4) Balance Remaining:	5) Amount of Retainage Withheld:	6) Date Work Started	7) Date Completed
8) Contract Date	9) Describe briefly the scope of the work for which you were contracted (i.e, painting, plumbing, concrete etc.) Please attach copy of contract.			
10) Total Contract Amount				

Section C Reason for Dispute

Describe in detail. Use extra sheets if necessary.

Remedy Requested

Description of proposed remedy. Use extra sheets if necessary.



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Section D

Additional Information

1 Have you made any attempts to contact the City/Contractor/Operator/Manager? Yes No

2 Have you notified the City/Contractor/Operator/Manager in writing ? If so attach a copy of the correspo Yes No

NOTE:
1 The City of Oakland collects this information in order to follow up on your complaint.
2 Possible Disclosure of Personal Information: The City of Oakland will make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other governmental agencies.

3 The information you provide may also be disclosed under the following circumstances:
* In response to a Public Records Act request as allowed by the Information Practices Act.
* To another governmental agency as required by state or federal law.
* In response to a court or administrative order, a subpoena, or a search warrant.

4 Contact Information: For questions regarding the above, contact the Prompt Payment Business Liaison, Department of Contracting & Purchasing, 250 Frank Ogawa Plaza, Suite 3341, Oakland, CA 94612, 510-238-6261

5 I declare under penalty of perjury that the information contained on this Complaint Form is true and correct to the best of my knowledge and that this declaration was signed at (city) _____, (state) _____ on (date)_____.

6 I will assist in the investigation, and will, if necessary, attend hearings and testify to facts.

Date: _____ Signature: _____

For Office Use Only Date Received _____ Complaint Number _____ DC&P Staff: _____

Project Type PS/CS/Other _____ Initiating City Agency _____ City Project Manager _____

Remedy/Resolution _____

Status _____ Closure Letter Date _____ Date Mailed _____