

Submit the Completed Form to:

Iowa Labor Commissioner 1000 East Grand Avenue Des Moines, Iowa 50319 -0209 or by fax to: 515-281-7995

Bidder Preference Complaint Form

(309-6002 08-11)

Complete and file this form if you have information about a violation of the bidder preference provisions found in Iowa Code Section 73A.21. Give as much relevant information as possible, and attach copies of relevant documents.

Information About You			
Name:(First Name) (Middle	e Initial) (Last Name)		
Street Address: (Address)	(City)	(State)	(ZIP)
Mailing Address: (if different from above) (Address)		, ,	
(if different from above) (Address) E-mail Address:		(State)	(ZIP)
Do you prefer your identity to be kept confidentia		□NO	☐ YES
Information About t	he Construction Project -		
Public improvement description:			
Public improvement location: (Address)	(City)	(State)	(ZIP)
Type of bidder preference violation: (Please attach addition)		aim)	
Public Body:			
Public Body Address: (Address)	(City)	(State)	(ZIP)
Public Body Representative: (First Name)		(State)	(211)
Public Body Representative's Phone Number: (
— Information About the			
Construction Contractor:			
Address of Construction Contractor's Main or Hor	ne Office:		
(Address)	(City)	(State)	(ZIP)
Construction Contractor Representative: (First Name) (Last Name)		
Construction Contractor Representative's Phone N			