

Prevailing Wage Complaint Form

PRINT IN INK or TYPE your responses.

COMPLAINANT INFORMATION

NAME			HOME TELEPHONE
ADDRESS			WORK TELEPHONE
CITY	STATE	ZIP CODE	CELL TELEPHONE
E-MAIL ADDRESS			OTHER TELEPHONE

PROJECT INFORMATION

PROJECT NAME	PROJECT NUMBER	PRIME CONTRACTOR	
ADDRESS	COUNTY	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE
TYPE OF CONSTRUCTION: <input type="checkbox"/> Road <input type="checkbox"/> Bridge <input type="checkbox"/> Building <input type="checkbox"/> Trail <input type="checkbox"/> Airport <input type="checkbox"/> Other _____		IS THE PROJECT COMPLETE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

EMPLOYER INFORMATION

NAME	Are you still employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDRESS	TELEPHONE	If NO, last date worked:	
CITY	STATE	ZIP CODE	Was your termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

WAGE AND HOUR INFORMATION

Nature of complaint (more than one may apply): <input type="checkbox"/> Wage Rate <input type="checkbox"/> Overtime <input type="checkbox"/> Fringes <input type="checkbox"/> Classification		Work performed:	
Dates worked on this project: From: _____ To: _____		Total hours worked on this project: Regular: _____ Overtime: _____	
Regular hourly rate of pay: Project work _____ Non-project work _____		How often were you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other _____	
Overtime hourly rate of pay: Project work _____ Non-project work _____		Did you work on a shift schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, which shift? <input type="checkbox"/> Day <input type="checkbox"/> Night	
Were you paid overtime at 1 1/2 times your hourly rate of pay after: 8 hrs/day? <input type="checkbox"/> Yes <input type="checkbox"/> No 40 hrs/wk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Check and Cash <input type="checkbox"/> Cash <input type="checkbox"/> Other _____		Which trade? Hours worked recorded by: _____ Recorded by foreman <input type="checkbox"/> Time card/sheet <input type="checkbox"/> Called into office <input type="checkbox"/> Other _____	
Did you receive fringe benefits? Yes No If Yes, select: Health Insurance Training Vacation Life Insurance Sick Leave Holidays Pension Other _____		Did you receive cash payment for fringes? Yes No If yes, how much? _____	
Has money been advanced to you by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____		Did you receive travel and living expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____ hour / day	

EMPLOYEE ON PROJECT			If same as complainant, check here <input type="checkbox"/>
NAME		HOME TELEPHONE	
ADDRESS		WORK TELEPHONE	
CITY	STATE	ZIP CODE	CELL TELEPHONE
E-MAIL ADDRESS		OTHER TELEPHONE	

Work Classification:	Did you perform work in other classifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours?
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What rate were you paid?		Number of affected employees on project:
Regular	Overtime	

List work tasks and tools used	
Tasks	Tools Used

Nature of Complaint:

Did you operate equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type? _____	Did you use hand tools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____
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Did you seed, sod or plant trees and bushes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work more than 8 feet underground? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Comments:

Does Minnesota Department of Labor and Industry have permission to use your name to resolve this wage issue? Yes No

To the best of my knowledge, the information that I have provided is true and accurate.

COMPLAINANT SIGNATURE	DATE
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Return to:
Minnesota Department of Labor and Industry
Labor Standards
443 Lafayette Road N
St. Paul, MN 55155