



Prevailing Wage Complaint Form

Print in INK or TYPE your responses. An incomplete form or one that is not signed may be returned or denied.

Please provide as much information as possible. If you don't have a response, mark "unknown" in the space provided; estimated responses are acceptable.

CLAIMANT INFORMATION

Form section for Claimant Information including fields for Name, Street Address, City, State, Zip Code, E-mail Address, Home Telephone, Work Telephone, Cell Telephone, and Other Telephone.

PROJECT INFORMATION

Form section for Project Information including fields for State Project Number, Project Location, Prime/General Contractor Name, Street Address, City, State, Zip Code, Telephone, Type of Construction, and Is the Project Complete?

EMPLOYER INFORMATION

Form section for Employer Information including fields for Name, Address, City, State, Zip Code, Telephone, and questions about employment status and termination.

WAGE AND HOUR INFORMATION

Form section for Wage and Hour Information including fields for Nature of complaint, Type of work performed, Dates worked, Total hours worked, Regular/Overtime rates, and various questions about payment and benefits.

WORK PERFORMED

Primary Work Classification/Title:	Did you operate equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type?	
Did you drive truck? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of truck & truck or license plate number?	<u>Type of Truck</u>	<u>Truck or License Plate #</u>
Did you work at or haul from an off-site material operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide pit name, location & material hauled.	<u>Pit Name and Location</u>	<u>Type of Material Hauled</u>
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	

PLEASE DESCRIBE WORK DUTIES AND TOOLS/EQUIPMENT USED

Duties	Tools/Equipment Used

Are there any inspectors, co-workers or supervisors that can verify your work on the project? Please include name and telephone number:

Additional comments:

If necessary, does Mn/DOT have permission to use your name to resolve this matter? Yes No

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

COMPLAINANT SIGNATURE	DATE
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In order to substantiate your claim, please submit "COPIES" of some or all of the following records:

- Daily Journals
- Detailed Earning Statements / Check Stubs
- Log Books
- Original or Canceled Payroll Checks
- Haul Slips
- Daily or Weekly Time Cards

If your complaint involves more than one project, please attach a separate sheet. Additionally, please make a COPY of this complaint for your records and submit the original, along with COPIES of supporting documentation to:

**Minnesota Department of Transportation
ATTENTION: PW Complaints
Labor Compliance Unit
Mail Stop 650
395 John Ireland Blvd.
St. Paul, MN 55155-1899**