



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 Which trade? _____	
How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Check and Cash <input type="checkbox"/> Cash <input type="checkbox"/> Other _____		Hours worked recorded by: <input type="checkbox"/> Recorded by foreman <input type="checkbox"/> Time card/sheet <input type="checkbox"/> Called into office <input type="checkbox"/> Other _____	
Did you receive fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Training <input type="checkbox"/> Vacation <input type="checkbox"/> Life Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Pension <input type="checkbox"/> Other _____		Did you receive cash payment for fringes? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____ <input type="checkbox"/> hour / <input type="checkbox"/> day	

EMPLOYEE ON PROJECT If same as Complainant, check here

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? How many hours?
 Yes No

What rate were you paid?
Regular Overtime

List work tasks and tools used

Tasks	Tools Used

Nature of Complaint:

Did you operate equipment? Yes No If Yes, what type? _____
Did you use hand tools? Yes No If yes, what type? _____

Did you seed, sod or plant trees and bushes? Yes No Did you work more than 8 feet underground? Yes No

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

Return to:

**Minnesota Department of Labor and Industry
Labor Standards
443 Lafayette Road N
St. Paul, MN 55155**