## **Prevailing Wage Complaint Form**

Minnesota Department of Transportation Labor Compliance Unit Mail Stop 650 395 John Ireland Blvd.

St. Paul, MN 55155-1899 -4204 Fax: (651) 366-4248

Phone: (651) 366-4204 Fax: (651) 366-4248 www.dot.state.mn.us/const/labor

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									
NAME					HOME TEL	EPHONE	=		
STREET ADDRESS					WORK TELEPHONE				
CITY		5	STATE	ZIP CODE	CELL TELI	EPHONE			
E-MAIL ADDRESS					OTHER TE	ELEPHON	IE		
		PROJE	ECT INFORMA	TION					
STATE PROJECT NUMBER			PROJECT LOCATION (ROAD NUMBER & COUNTY AND/OR CITY)						
PRIME/GENERAL CONTRACTOR NAME			STREET ADDRESS						
CITY		Ş	STATE	ZIP CODE	TELEPHO	NE			
TYPE OF CONSTRUCTION:					IS THE PROJECT COMPLETE?				
☐ Road ☐ Bridge ☐ Building ☐ Trail ☐ Airport ☐ Tower			r Other_		☐ Yes ☐ No ☐ Unknown				
EMPLOYER INFORMATION									
NAME				Are you still employed by this employer?					
					Yes	□No			
ADDRESS					TELEPHO	NE	If NO, last date worked:		
CITY S			STATE	ZIP CODE	Was your termination?				
WAGE AND HOUR INFORMATION									
Nature of complaint (m	ore than one may apply	): Ту	pe of work perf	formed on the p	roject:				
☐ Wage Rate ☐ Over	ertime 🗌 Fringes 🔲 C	Classification			1				
			s worked on this project:		How often were you paid?				
From:	То:	Regular:	Overtime:	Weekly Monthly Bi-weekly Other					
	ly rate of pay:		ne hourly rate o		Did you work on a shift schedule?				
This project	his project Non-project work This project Non-p		Non-project w	lon-project work		Yes No			
· · · · · · · · · · · · · · · · · · ·			144		If, Yes, whi		Day Night		
after:			Were you an		If an apprentice, which trade?				
8 hrs/day? Yes No 40 hrs/wk? Yes No			<del>-</del>	No	│ □ Bassi	dad by fa	roman		
How were you paid?  Check Check and Cash Cash Other			Hours worked recorded by: Recorded by foreman  Time card/sheet Called into office Other						
			Did you receive cash payment for fringes? Yes No						
Health Insurance	If yes, how much per hour?								
☐ Sick Leave ☐ Holidays ☐ Pension ☐ Other  Has money been advanced to you by your employer? ☐ Did you receive transportation, board and/or lodging expenses?									
-									
Yes No If Yes, how much?			☐ Yes ☐ No How much? ☐ ☐ hour / ☐ day						

(10/2009) (over)

Web/pro-cours								
WORK PERFORMED  Primary Work Classification/Title: Did you operate equipment?								
Filmary Work Classification/ Title.	Did you operate equipment?							
	Yes No If Yes, what type?							
Did you drive truck?	Type of Truck Tr	ruck or License Plate #						
Yes No If Yes, what type of truck & truck or license plate number?								
Did you work at or haul from an off-site material operation?	Pit Name and Location Ty	ype of Material Hauled						
Yes No If Yes, provide pit name, location & material hauled.								
Did you seed, sod or plant trees and bushes? ☐ Yes ☐ No	Did you work more than 8 feet underground	d? Yes No						
PLEASE DESCRIBE WORK DUITES AND TOOLS/EQUIPMENT USED								
Duties	Tools/Equipment U	sed						
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						
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 Check	S						
- Haul Slips	- Daily or Weekly Time Cards							

If your complaint involves more than one project, <u>please attach a separate sheet</u>. 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