



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 with fields: NAME, HOME TELEPHONE, STREET ADDRESS, WORK TELEPHONE, CITY, STATE, ZIP CODE, CELL TELEPHONE, E-MAIL ADDRESS, OTHER TELEPHONE

PROJECT INFORMATION

Form section for Project Information with fields: STATE PROJECT NUMBER, PROJECT LOCATION, PRIME/GENERAL CONTRACTOR NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, TYPE OF CONSTRUCTION, IS THE PROJECT COMPLETE?

EMPLOYER INFORMATION

Form section for Employer Information with fields: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, Are you still employed by this employer?, Was your termination?

WAGE AND HOUR INFORMATION

Form section for Wage and Hour Information with fields: Nature of complaint, Type of work performed, Dates worked, Total hours worked, How often were you paid?, Regular hourly rate of pay, Overtime hourly rate of pay, Were you paid overtime?, Were you an apprentice?, How were you paid?, Hours worked recorded by?, Did you receive fringe benefits?, Did you receive cash payment for fringes?, Has money been advanced to you by your employer?, Did you receive transportation, board and/or lodging expenses?

WORK PERFORMED

Primary Work Classification/Title:

Did you operate equipment?

Yes No If Yes, what type?

Did you drive truck?

Type of Truck

Truck 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

Type 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? Yes No

PLEASE DESCRIBE WORK DUTIES AND TOOLS/EQUIPMENT USED

Duties

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

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