

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

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

PROJECT INFORMATION

STATE PROJECT NUMBER		PROJECT LOCATION (ROAD NUMBER & COUNTY AND/OR CITY)	
PRIME/GENERAL CONTRACTOR NAME		STREET 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"/> Tower 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		Type of work performed on the project:	
Dates worked on this project: From: _____ To: _____		Total hours worked on this project: Regular: _____ Overtime: _____	
Regular hourly rate of pay: This project _____ Non-project work _____		Overtime hourly rate of pay: This project _____ Non-project work _____	
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? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <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 per hour? _____	
Has money been advanced to you by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____		Did you receive transportation, board and/or lodging expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____ <input type="checkbox"/> hour / <input type="checkbox"/> day	

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
- Log Books
- Haul Slips
- Detailed Earning Statements / Check Stubs
- Original or Canceled Payroll Checks
- 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

OR EMAIL TO: LCUsupport.DOT@state.mn.us