



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

## PREVAILING WAGE COMPLAINT FORM

For Workers on Public Works Projects

Sections 290.210-290.340, RSMo

Send completed form to:  
Division of Labor Standards  
Attn: Prevailing Wage Program  
P.O. Box 449, Jefferson City, MO 65102-0449  
Phone: 573-751-3403 Fax: 573-751-3721  
E-mail: [prevailingwage@labor.mo.gov](mailto:prevailingwage@labor.mo.gov)  
[www.labor.mo.gov/DLS/PrevailingWage](http://www.labor.mo.gov/DLS/PrevailingWage)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Are You:** ☐ Public Body ☐ Project Contractor ☐ Project Subcontractor ☐ Project Worker

**Type of Complaint** (Please check all appropriate boxes.) Is total project cost over \$75,000 ☐ Yes ☐ No

☐ Underpayment of wages

☐ Incorrect occupational title of workers for type of work performed

☐ Underpayment of fringe benefits (please identify fringes below)

☐ Health and Welfare ☐ Pension ☐ Vacation ☐ Holiday

☐ No wage determination issued for project

☐ Other: Explain: \_\_\_\_\_

### PROJECT IDENTIFICATION – Complaint Against

Name of Contractor (Employer) \_\_\_\_\_

Address \_\_\_\_\_

Name of Business as Shown on Payroll Check \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Phone No.(s) \_\_\_\_\_

☐ General (Prime) Contractor \_\_\_\_\_ ☐ Subcontractor \_\_\_\_\_

Are you currently employed by this contractor? ☐ Yes ☐ No

If not, have you ever been employed by this contractor? ☐ Yes ☐ No

Period employed on this project (month, day, year) From: \_\_\_\_\_ To: \_\_\_\_\_

Type of project: ☐ Building ☐ Heavy/Highway

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Contracting Public Body (who is this job for)? \_\_\_\_\_

Pursuant to §290.290, RSMo, contractors and subcontractors that have engaged in the construction of public works are required to keep their records for one year from the completion of the project.

Is project completed? ☐ Yes ☐ No If Yes, when? \_\_\_\_\_

**Supporting Documentation** *(Please attach the following documents.)*

- ☐ Check stubs/copies of payroll checks
- ☐ Photos/pictures of project/work performed
- ☐ Other information *(any supporting documentation)*

**SUMMARY OF COMPLAINT** *(Use additional sheets, if necessary.)*

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**STATEMENT OF VERIFICATION**

I, \_\_\_\_\_, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_ COMPLAINANT SIGNATURE

**Supporting Documents:** Please return this form to the Division of Labor Standards with any documentation in support of the complaint. This includes, but is not limited to the following: name; check stubs; worksite photographs; copies of payroll checks; payroll ledgers; dates when public works construction was performed; and so forth.

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.  
TDD/TTY: 800-735-2966 Relay Missouri: 711*