



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
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.)

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.

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