



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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TDD/TTY: 800-735-2966 Relay Missouri: 711