

Wisconsin Prevailing Wage Rate Complaint

Office use only

This form must be used to file a wage complaint regarding any alleged violation of prevailing wage laws under Sections 66.0903 and 103.49, Wisconsin Statutes or Chapter DWD 290, Wisconsin Administrative Code. This form is NOT a general Labor Standards Complaint form.

Personal information you provide may be used for secondary purposes [Privacy Law, Section 15.04(1)(m), Wisconsin Statutes].

Return the completed form and supporting evidence to:
 EQUAL RIGHTS DIVISION, PO BOX 8928, MADISON WI 53708-8928.

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The filing of this form does not require the department to conduct an investigation to determine the validity of your complaint. It is the complainant's responsibility to provide proof of the validity of his or her complaint. Any form that is not properly completed will be returned to the complainant. Enclose a separate sheet of paper if you need additional space. Call (608) 266-6861 with any questions. DWD's prevailing wage website is: dwd.wisconsin.gov/er/prevailing_wage_rate

Check ONE of the following:

- I did not receive the required compensation for my prevailing wage work. (Complete all boxes on this form.)
- This is a request for the Department of Workforce Development to review the payroll records of the Employer for the listed prevailing wage project. (Complete Boxes 1, 2, 4 project list, 4a & 4c.)

Please Type Or Print All Information

[1] Complainant/Requester Information			
Name		Social Security Number - Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.	
Street Address		City	State
Home Telephone (Include area code)		Work Telephone (Include area code)	If you prefer to receive case correspondence via email rather than U.S. Mail, clearly print the email address:
Have you retained an attorney to resolve this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
[2] Employer Information			
Business Name		Owner/Corporation Name	
Business Street Address		City	State
County		Business Telephone Number (Include area code)	
Has the employer filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

You must complete page 2 of this form.

[3] Alleged Violations

Check the appropriate boxes and briefly explain the nature of the prevailing wage violation(s) allegedly committed by the employer. Only those violations checked will be investigated:

<input type="checkbox"/> Straight Time	<input type="checkbox"/> Weekly Overtime	<input type="checkbox"/> Daily Overtime	<input type="checkbox"/> Sat/Sun/Holiday Overtime
<input type="checkbox"/> Travel Time	<input type="checkbox"/> Banked Hours	<input type="checkbox"/> Wrong job classification	<input type="checkbox"/> Fringe Benefits
<input type="checkbox"/> Other (described below)	<input type="checkbox"/> Kickback	<input type="checkbox"/> Improper Ratio	<input type="checkbox"/> Wages Owed Over 30 Days

Provide a brief explanation of each violation checked:

[4] Project Information

Specifically identify the prevailing wage project(s) on which the employer allegedly committed the previously indicated violation(s). **If complete project information is not entered, it is unlikely an investigation will be conducted.** You may find prevailing wage project determination numbers on the prevailing wage website listed on the first page of this form.

Project Name	Location (City & County)	DWD Determination Number

With regard to the listed prevailing wage project(s):

- a. Trade/occupation you performed or trade of the records you request? _____
- b. Hourly pay rate? _____
- c. Dates of your employment on the project or dates of the records you request? _____
- d. How much do you believe the employer owes you? _____ Explain how you calculated this amount:

- e. Did you work any overtime? Yes No
- f. If applicable, did you receive your regular fringe benefits? Yes No
- g. Were any hours "banked" for use at a future date? Yes No

If you kept any records of the hours you worked and/or check stubs send *copies* of them with this form.

[5] Allegedly Aggrieved Employee Data

Date Employment Began With Employer	Date Employment Ended (if a former employee)
Regular Trade/Occupation	Regular Rate of Pay \$ _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Week
Do you have any prior experience in this trade/occupation while working for a different employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many years experience do you have? _____	
Are you an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list indenture date. _____	
Are you a subjourney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all fringe benefits that the employer normally provides or check No Fringe Benefits:	
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Pension, IRA, 401(K) <input type="checkbox"/> Paid Time Off <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Other - _____ <input type="checkbox"/> No Fringe Benefits	

Statements made on this complaint are true to the best of my knowledge. I understand that this complaint is an open record and may be provided to the employer under the provisions of Wisconsin's Open Records Law. Wisconsin law prohibits retaliatory action by an employer for most complaints filed with the Department.

Your Signature	Date Signed
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