

City of Saint Paul
Department of Human Rights and Equal Economic Opportunity
15 West Kellogg Boulevard
280 City Hall/Court House
Saint Paul, MN 55102
Phone: 651-266-8900 Fax: 651-266-8919



The Most Livable
City in America

PREVAILING WAGE COMPLAINT FORM

PROJECT INFORMATION			
PROJECT NAME			
PROJECT ADDRESS			COUNTY
CITY	STATE	ZIP CODE	
TYPE OF CONSTRUCTION: HIGHWAY <input type="checkbox"/> BUILDING <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> HEAVY <input type="checkbox"/>			IS THIS PROJECT COMPLETE? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
COMPLAINANT INFORMATION			
NAME			HOME PHONE
ADDRESS			CELL PHONE
CITY	STATE	ZIP CODE	WORK PHONE
EMAIL ADDRESS			
Complainant Status? Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Interested Party <input type="checkbox"/>			
Are you a trade union member? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which union:			
Are you representing a trade union in this wage complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your title:			
CONTRACTOR INFORMATION			
NAME			Are you employed by this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, last date worked:
ADDRESS		TELEPHONE	Is the Contractor? General <input type="checkbox"/> Prime <input type="checkbox"/> Sub <input type="checkbox"/>
CITY	STATE	ZIP CODE	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, was it: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>

WAGE AND HOUR INFORMATION

Nature of complaint (check all that apply):
 Wage Rates Overtime Fringe Benefits Classification Other Classification:

Dates worked on project: From: To: Total hours worked on project: Regular: Overtime: How often were you paid: Weekly Bi-weekly Monthly

Regular hourly rate of pay: Project: Non-project work: Overtime hourly rate of pay: Project: Non-Project work:

Were you paid overtime at 1 1/2 times your hourly rate of pay after 40 hrs/week? Yes No

Are you an apprentice? Yes No If yes, which trade and level/year?

How were you paid? Check Check and Cash Cash Other Explain:

Hours recorded by: Foreman Time card Called-in Other Explain:

Did you receive fringe benefits? Yes No Did you receive cash payment in lieu of fringe payments? Yes No
 If yes, check all that apply: Health Insurance Training Vacation Life Insurance
 Sick Leave Holidays Pension Other: If yes, how much:

Has money been advanced to you by your employer? Yes No If yes, how much: Did you receive travel or living expenses? Yes No

EMPLOYEE ON PROJECT *If same as Complainant, check here and skip to Work Classification.*

NAME HOME PHONE

ADDRESS CELL PHONE

CITY STATE ZIP CODE WORK PHONE

EMAIL ADDRESS

Work Classification: Did you perform work in other classifications? Yes No If yes, how many hours:

List Work Tasks and Tools Used:
Work Tasks Tools Used

Nature of Complaint (enclose any information/evidence that will assist our investigative efforts):

Does the City of Saint Paul have permission to use your name to resolve this wage issue? Yes No

To the best of my knowledge, the information that I have provided is true and accurate
 Complainant Signature: Date:

Return completed form and any additional information to:
City of Saint Paul, Department of Human Rights and Equal Economic Opportunity
Attention: Federal Labor Standards Unit
15 West Kellogg Boulevard, 280 City Hall/Court House
Saint Paul, MN 55102