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| State of Wisconsin  Department of Administration  Division of Facilities Development (DFD)  DOA-4753 (12/2016) |  |  |

**State Building Project**

**Prevailing Wage Complaint**

This form must be used to file a wage complaint regarding any alleged violation of prevailing wage laws on a state building project under Wis. Stats. 16.856. Personal information you provide may be used for secondary proposes.

Email the completed form and supporting evidence to [DOAPrevailingWage@wisconsin.gov](mailto:DOAPrevailingWage@wisconsin.gov); or mail to: DIVISION OF FACILITIES DEVELOPMENT, PO BOX 7866, MADISON, WI 53707-7866.

The filing of this form does not require the department to conduct an investigation to determine the validity of your complaint. It is the complaint’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. Contact [DOAPrevailingWage@wisconsin.gov](mailto:DOAPrevailingWage@wisconsin.gov) with any questions. DFD’s prevailing wage website is <http://doa.wi.gov/Divisions/Facilities-Development/Construction/Prevailing-Wage>.

Check the following box for certification of employment:

I certify that I have been employed by on the project of public works listed on this complaint. (Complete all boxes on this form.)

**Please Type or Print All Information – Entire Form Must Be Completed**

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| **[1] Complaint/Requester Information** | | | | | | |
| Name | | Street Address | | | | |
| City | | State | | | ZIP Code | |
| 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?  Yes  No | | |
| **[2] Employer Information** | | | | | | |
| Business Name | | Owner/Corporation Name | | | | |
| Business Street Address | | City | | State | | ZIP Code |
| County | | Business Telephone Number (Include area code) | | | | |
| Has the employer filed for bankruptcy?  Yes  No | | Is the employer still in business?  Yes  No | | | | |

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| **[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 violation checked will be investigated: | | | |
| Straight Time  Other (described below) | Weekly Overtime  Banked Hours  Kickback | Daily Overtime  Wrong Job Classification | Sat/Sun/Holiday Overtime  Fringe Benefits  Wages Owed Over 30 Days |
| Provide a brief explanation of each violation checked: | | | |

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| **[4] Project Information** | | | | | | | | | | | |
| Specifically identify the prevailing wage project(s) on which the employer allegedly committed the previously indicated violation(s). Please include all project information to assist in reviewing this complaint. | | | | | | | | | | | |
| Project Name & Number | | | | | | | | Location (City & County) | | | |
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| With regard to the listed prevailing wage project(s): | | | | | | | | | | | |
| a. Trade/occupation you preformed. | | | |  | | --- | |  | | | | | | | | | |
| b. Hourly rate of pay? | |  | | --- | |  | | | | | | | | | | | |
| c. Dates of your employment on the project. | | | | | |  | | --- | |  | | | | | | | |
| d. How much do you believe the employer owes you? | | | | | | |  | | --- | |  | | | | | Explain how you calculated this amount: | |
| |  | | --- | |  | | | | | | | | | | | | |
| e. Did you work any overtime?  f. If applicable, did you receive your regular fringe benefits?  g. Where any hours “banked” for use at a future date? | | | | | | | | Yes  No  Yes  No  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  $   Per Hour  Per Week | | | |
| Do you have any prior experience in this trade/occupation while working for a different employer?  Yes  No If yes, how many years’ experience do you have? | | | | | | | | | | | |
| Check all fringe benefits that the employer normally provides or check No Fringe Benefits: | | | | | | | | | | | |
| Health Insurance | | Pension, IRA, 401(K) | | | | | Paid Time Off | | Profit Sharing | | Life Insurance |
| Disability Insurance | | Other | | |  | | --- | |  | | | | | | | | 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 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** | | | |