



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

Section 292.675, RSMo 10 Hour Construction Safety Training

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

Complainant _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Telephone No. _____ Alternate Telephone No. _____

E-mail Address _____

Type of Complaint *(Please check all appropriate boxes.)*

- 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
 - Other _____
- Failure to pay any fringe benefits
- No wage determination issued for project
- Failure to post wage determination
- Failure to report wage subsidy, bid supplement or rebate
- Failure to complete construction safety training pursuant to Section 292.675

PROJECT IDENTIFICATION – Complaint Against

Name of Contractor (Employer) _____

Address _____

Name of Business as Shown on Payroll Check _____

City _____ County _____

Telephone 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)? _____

Is project completed? Yes No If "Yes," when? _____

