



Indiana Department of Labor
402 West Washington Street, Room W195
Indianapolis, IN 46204
(317) 232-2655

COMMON CONSTRUCTION WAGE COMPLAINT FORM (Project Data Sheet)

Please complete and return to the above address

Employee/Complainant Name:	Employer/Contractor Name:
Employee Address:	Employer Address:
Phone Number:	Phone Number:

Type of Project (check one):

- Building (Specify the Name and Address Where Work Performed)
- Street Highway Sidewalk (give Location and Type of Work)
- Water Sewer Line Other (Specify): _____

For the above project, specify name, location and type of work performed.
Provide as much information as possible.

The project is located in: City _____ County _____

Who is funding this project? (i.e., city, county, state, solid waste district, school district)

List the dates you worked on the project: _____ to _____

What was your job classification? _____

Give a detail description of work you performed on this project and the types of tools and equipment used:

Did others perform the same work? _____ If so, who? _____

What wage rate were you actually paid on this project? \$_____ per _____.

Were you paid a different rate of pay for jobs that were not public works? If yes, what was that rate of pay? \$_____ per _____.

What type of fringe benefits did you receive (health insurance, 401(k), vacation days, company vehicle for personal use, etc.):

Were you an apprentice during this project? _____

Are you still employed with this company? _____

Was your employer the general contractor or subcontractor? _____

If you worked for a subcontractor, please list the name, complete address and telephone number of the general contractor:

IMPORTANT READ

1) To the extent possible, we will attempt to keep the information given confidential. However, our ability to do so may be limited by Indiana's Access to Public Records Act.

3) Indiana law provides for a two (2) year statute of limitation for actions based on wages. If your claim is approaching the two (2) year limitation, you may want to contact a private attorney to expedite your wage recovery. The filing of this complaint does not in anyway extend the two (2) year statute of limitations.

3) Your complaint will be expedited if you provide a copy of the public works scale for this project. If you worked on more than one project, make a copy of this form and complete one form for each project. Our office will not be able to investigate your complaint if we do not receive the proper information requested on this form.

I believe I was not paid in accordance with the common construction wage scale established for the abovementioned project.

Signature of Complainant

Date