



Common Construction Wage Complaint Form

Please Read the Instructions Carefully

Do Not Fill Out The Common Construction Wage Complaint Form If:

- You worked as an “independent contractor” and not as an “employee” of the business, are self-employed, or an owner/operator.
- You have filed suit against your employer for the same Common Construction Wage Claim.
- You already have a civil court judgment involving this claim.
- You are trying to obtain a W2 or 1099.
- You do not know your employer’s address or location.
- If you intend to file against more than one business, use a **separate** common construction wage claim form for each business against whom you wish to file a claim. Also, each claimant filing against an employer must use a separate claim form.
- The statute of limitations for your claim has expired. **A two (2) year statute of limitations generally applies when filing a Complaint for Common Construction Wages.**

Filing A Common Construction Wage Claim

IF THE CLAIM FORM IS NOT COMPLETED AS INDICATED IN THESE INSTRUCTIONS, IT MAY BE RETURNED TO YOU.

Read all questions on the claim form carefully before answering. Fill out the claim form completely, legibly, and accurately, providing as much information as possible. In order for your claim to be processed the following information must be provided:

- Name and address of the complainant.
- A telephone number where you may be reached during the day. **If your address or telephone number changes, it is your responsibility to notify the Indiana Department of Labor immediately or your claim may be closed.**
- Name and address of contractor alleged to have committed the violation. Your claim will be returned if a complete address is not provided.
- Contracting agent name and address, project name and description, location where the work was performed, and construction dates.

When the Wage & Hour Division receives your complaint form the following steps are taken:

1. The claim form is given to the audit coordinator to review. The coordinator determines if all of the required information is on the claim form and whether audit of the claim is within the division’s authority.
2. If the form is complete, the claim is opened and a notification letter is sent to the employer requesting a written response within 15 working days. The letter requests documentation regarding the claim that has been filed and/or a check for any portion of the claim not disputed. All monies received will be forwarded to you. You do not need to contact the Wage & Hour Division to receive payment.
3. All audits are performed on a first-in, first-out basis. You will not be contacted by the auditor assigned to your claim until the audit comes up in rotation on his/her caseload. This may take a while. The time required to complete the audit depends on the cooperation of the parties involved and the complexity of the claim.

All information given on this form will remain confidential to the extent permitted by law. Your claim will be expedited if you can provide the following: a written contract of employment between you and your employer (if applicable), copies of pay stubs indicating your rate of pay, and a copy of the public wage scale for this project.

Common Construction Wage Complaint Form

Return To:

Indiana Department of Labor
Wage & Hour Division
402 W. Washington Street, Room W195
Indianapolis, Indiana 46204
Telephone 317-232-2676
Fax 317-234-4449

Employee Information (Please Print)

Complainant Name _____

Address _____
STREET CITY STATE ZIP CODE

Telephone number where you can be reached between 8:30 am and 4:30 pm _____

Type of work performed on project _____

Employer Information (against whom you are filing the Complaint)

Name of employer _____

Employer telephone number _____ Date of hire _____

Employer address _____
STREET CITY STATE ZIP CODE

Your termination was: Voluntary Involuntary Still Employed Last date worked: _____

Project Information

Name of project _____

County in which work was performed _____

Address of project _____

Last date worked on this project _____

1. Your regular pay period was Weekly Bi-Weekly Monthly Other _____

2. Your wages were paid in the form of Cash Check Other _____

3. What was the latest rate of pay agreed upon between you and the named employer?
Hourly \$ _____ Weekly \$ _____ Other (please explain) _____

4. What was your skill level on this job? Skilled Semiskilled Unskilled

5. Please list any wage deductions you have agreed to **IN WRITING**.

6. Please list the total amount of deductions made without your written agreement? \$ _____

7. Do you owe any money to this employer for any reason, please list the amount: \$ _____

8. Are you covered under a Collective Bargaining Agreement? Yes No

If YES, list the name and address of the Union _____

NOTE: I hereby certify that to the best of my knowledge and belief, this is a true statement of facts relating to the above claim of unpaid wages.

Signature of Claimant _____ Date _____

Signature of Parent or Guardian if claimant is under 18 years of age _____