

**NOTE: Recent changes in the Common Construction Wage Audit Process make it necessary to disclose your name to the audited employer. Indiana law provides no job protection if you are terminated as a result of filing a complaint against your current employer.**

## **Common Construction Wage Complaint Instructions**

To ensure that the Indiana Department of Labor may properly process your Common Construction Wage complaint, please follow these instructions completely.

**The following information is required to process this complaint:**

1. Employee and Employer name, mailing address and telephone.
2. Name of Project Owner
3. Name of the Project
4. County where the project is located
5. Dates of employment on this project.
6. Wage rate you were paid on this project.
7. Signature and date.

**This complaint will not be processed if:**

1. You are claiming wages for a construction project that is not covered by the Common Construction Wage Act.
2. The project was covered by the federal Davis-Bacon Act (federal prevailing wage law). For questions concerning enforcement of the Davis-Bacon Act, contact the United States Department of Labor in Indianapolis at (317) 226-6801.
3. You worked as an independent contractor.
4. This employer has filed for bankruptcy protection. You should contact the bankruptcy court.
5. You initiated private legal action to recover the wages claimed.
6. The claim is against a business in which you were an owner or partner with more than 20% ownership interest.

### **Overview of the Common Construction Wage Audit Process:**

If your complaint is accepted, correspondence will be sent directly to the employer stating the nature of the complaint. The employer will have thirty (30) days to reply. If no response is received, a final notice will be sent to the employer allowing fifteen (15) additional days for response. If the employer disputes the complaint, the Indiana Department of Labor will make a determination based upon Indiana law and all evidence provided. If a determination cannot be made, you will receive notice along with a letter recommending you seek legal advice about your rights and possible remedies.

The Indiana Department of Labor accepts Common Construction Wage Audits as a service to ensure compliance with the Common Construction Wage Act. We cannot guarantee compensation.



**INDIANA DEPARTMENT OF LABOR  
COMMON CONSTRUCTION WAGE COMPLAINT FORM**

Not an official state form - for internal use only. (2/2011)

Return this form by mail or fax to:  
Indiana Department of Labor  
ATTN: CCW Audit Section  
402 W. Washington St., Room W195  
Indianapolis, Indiana 46204  
Fax: (317) 234-4449

Please type or print legibly. **NOTE: This document is a public record.  
The information below may be disclosed to the employer.**

**COMPLAINANT'S INFORMATION**

Name		Home Phone	
Address		Cellular Phone	
City	State	Zip	E-mail

**EMPLOYER INFORMATION**

Employer Name		Primary Phone	
Address		Secondary Phone	
City	State	Zip	Fax Number
Are you still employed with this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		E-mail	

**PROJECT INFORMATION**

Project Name		Project Owner	
Project Address		Project County	
Project City	Dates you worked on the project: From:		To:

Occupation/trade/craft?	Did you perform work in other trades? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you in an apprenticeship program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you worked in other trades, please list them here:
How long have you worked in this craft? _____	

What was your rate of pay? _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Two-weeks	
Did you receive fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what kind? (check all that apply) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Vacation
How were you paid? (check all that apply) <input type="checkbox"/> Check	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Retirement
<input type="checkbox"/> Cash <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**DESCRIBE THE DUTIES YOU PERFORMED ON THIS PROJECT**

Please attach any documents you have to support your claim (e.g. paycheck stubs, wage scale, employee handbooks, etc.) .

I hereby certify that, to the best of my knowledge and belief, the above information is true and accurate.

Signature	Date
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