



West Virginia Division of Highways Labor Compliance Complaint Form

Name: _____ Last Four SS#: _____

Mailing Address: _____

Home Phone: _____ Other Phone: _____

Project Location: _____

Federal Project Number (if known): _____

Nature of complaint (check applicable statements):

- a. underpayment of wages for work performed _____
- b. underpayment of overtime for work performed _____
- c. unauthorized payroll deductions _____
- d. non-payment of fringe benefits _____
- e. other (explain) _____

Name of contractor you were employed by: _____

Name of immediate supervisor: _____

Dates during which your complaint occurred:

From: _____ To: _____

Describe your complaint – be specific as to type of work performed and tools used (use back of form, if necessary): _____

Have you explained your complaint to your employer? Yes: _____ No: _____

If yes, who did you talk to: _____

Do you authorize the West Virginia Division of Highways to release information contained in this complaint to your employer (information will not be disclosed without your written consent):

Initial One: Yes: _____ No: _____

Signature

Date

Mail completed form to: Director – Civil Rights Compliance Division
West Virginia Division of Highways
State Capitol Complex – Building 5 – Room 618
1900 Kanawha Boulevard East
Charleston, West Virginia 25305