

Labor Compliance Complaint

Return to: Civil Rights Bureau
MT Dept of Transportation
2701 Prospect Avenue
Helena, MT 59620

Name:

Mailing Address:

Home Phone:

Work Phone:

Identification of Federal Aid Highway Project on which complaint is filed (i.e. project number of name):

Nature of Complaint (underpayment of wages, underpayment of overtime, unauthorized payroll deductions, nonpayment of fringe benefits, or other):

If other please explain:

Name of Contractor you were employed by:

Name of immediate supervisor:

Dates during which your complaint occurred: From:

To:

Type of work performed (check all that are applicable):

Laborer Operator Truck Cement Ironworker Carpenter Other

Have you explained your complaint to your employer?

Yes No

If so, whom did you talk to:

Describe your complaint in detail. BE SPECIFIC IN IDENTIFYING SIZES AND TYPES OF EQUIPMENT USED. Attach a copy of any time records you may have kept.

Signature

Date

I hereby authorize the Montana Department of Transportation to release my name to enter contractor name here. During their investigation of my labor complaint on the above project. I understand that I am not required to sign this form in order for the Montana Department of Transportation to investigate my complaint.