Print Form

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR WSD-1.104 COMPLAINT FORM

Chapter 104, Wages and Hours of Employees on Public Works

Instructions

Please completely fill out the WSD-1.104 Complaint Form.

The Delivery Information section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

If available, attach a copy of your most recent pay statement. If we do not receive the required forms, the processing of your complaint may be delayed. You may include copies of any documents, records, pay statements, checks, etc. to support your complaint.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	830 Punchbowl Street, Rm. 340; Honolulu, HI 96813	Phone: (808) 586-8777
Hilo	State Building, 75 Aupuni Street, Rm. 108; Hilo, HI 96720	Phone: (808) 974-6464
Kauai	3060 Eiwa Street, Rm. 202; Lihue, HI 96766	Phone: (808) 274-3351
Maui	2264 Aupuni Street; Wailuku, HI 96793	Phone: (808) 984-2075
West Hawaii (Kona)	Post Office Building; P.O. Box 49; Kealakekua, HI 96750	Phone: (808) 322-4808

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

COMPLAINT FORM WSD-1.104

Chapter 104, Wages and Hours of Employees on Public Works

Complainant Information: Please print or type

1. Name (Last, First, Middle Initial) ☐ Mr. ☐ Mrs. ☐ Ms.			2. Last four digits of Social Security No. XXX-XX-
3. Address	City	State	Zip Code
4. Phone ( )	Cell Phone ( )	Email Address	
5. Type and Title of Work Performed			
6. Employment Status ☐ Current Employee of Employer Named Below ☐ Quit ☐ Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment	From:	To:	
9. Union Membership ☐ Yes ☐ No If Yes, Name of Union:			

Employer Information :

10. Business Name			
11. Address	City	State	Zip Code
12. Phone ( )	Fax ( )	Cell ( )	
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

Complaint Information :

15. Alleged violation(s) from below (ch eck those that apply):

☐ Prevailing Wage	☐ Overtime	☐ Fringe benefit
☐ Classification	☐ Certified payroll	☐ Time lag
☐ Illegal deduction	☐ Record Keeping	

16. Job classification, duties and pay rate(s):

FOR OFFICE USE ONLY			Law				
Date Received			ICB				
			CS				
Taken by		DOL#:	IS1		IS2		
	H K M WH		HB			No.	

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(Rev. 1/13)

17. List project(s) and the start and completion dates:

18. Name the general contractor and subcontractors on the project(s), if known:

19. Name and title of person in charge:

20. Name of contracting agency (e.g., Department of Transportation, Judiciary):

21. Inspector's name/phone:

22. Type of time records kept (e.g. time clock, time sheets, work sheets, etc):

23. Pay days:

24. Remarks: Statement of Facts (Briefly explain pertinent facts of the alleged violation)

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my claim.

Date: _____ Signature of Complainant: _____

☐ *Check if under 18 years old*