



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; Kealahou, 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) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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 <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged					
7. If No Longer Employed, Reason					
8. Date(s)/Period of Employment		From:	To:		
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> 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 (check those that apply):

<input type="checkbox"/> Prevailing Wage	<input type="checkbox"/> Overtime	<input type="checkbox"/> Fringe benefit
<input type="checkbox"/> Classification	<input type="checkbox"/> Certified payroll	<input type="checkbox"/> Time lag
<input type="checkbox"/> Illegal deduction	<input type="checkbox"/> 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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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.

Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Check if you consent to the release of your name

Check if under 18 years old