



# State of Wyoming Department of Workforce Services



**Matthew H. Mead**  
Governor

Labor Standards  
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**John Cox**  
Director  
**Lisa M. Osvold**  
Deputy Director

**Job Site Location:** \_\_\_\_\_  
Street address City zip

**Project Name/Definition:** \_\_\_\_\_

Name of public body overseeing project (ex: Dept. of Ag): \_\_\_\_\_

Date contract was let (if known): \_\_\_\_\_

**General Contractor Name:** \_\_\_\_\_

General Contractor telephone number: \_\_\_\_\_

General Contractor address: \_\_\_\_\_  
Street address City State zip

**Type of work in question:** \_\_\_\_\_

**Company or Contractor in question:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State zip

**Specifics of Complaint (attach additional pages if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Your name:\* \_\_\_\_\_ Telephone number \_\_\_\_\_

Your relationship to project: \_\_\_\_\_

Bolded areas must be completed. \*You do not need to provide your personal information; however, doing so may aid in investigation of your complaint.



**We Bridge Human and Economic  
Development for Wyoming's Future.**

