



What Rhode Island Businesses Should Know About Worker Misclassification



Misclassification of workers as independent contractors rather than employees is a fast growing problem in Rhode Island. If you're aware of someone that you believe is being illegally misclassified as an independent contractor to avoid paying taxes, providing workers' compensation coverage and meeting other obligations, please report it by filling out this form. All allegations are taken seriously.

The information provided in this form will remain confidential to the extent allowed by law.

Please return your completed form to:
Joseph Degnan
Assistant Director, Workforce Regulation & Safety
Department of Labor and Training
PO Box 20390, Cranston, RI 02920

Company Name: _____

Also Known As (Doing Business As): _____

Telephone Number(s): _____

Name of Business Owner(s): _____

Supervisor/Foreman Name: _____

Federal Employer ID Number (appears on W-2 or 1099 form): _____

Business Address: _____

Business City/Town: _____ State: _____ Zip: _____

Location of Work Site (if different than above): _____

Is work site active now? Yes No

How many workers at this site? _____

Describe the employer's alleged fraudulent activity. Check all that apply. Please provide as much detail as possible. Include names, dates, documents, and witnesses. Attach additional information if necessary.

Workers paid off the books wages: _____

No workers' compensation coverage: _____

No unemployment compensation coverage: _____

Not paying appropriate rate for overtime work: _____
 (work in excess of 40 hours per week)

Not paying employees for all hours worked: _____



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Not paying minimum wage: _____

Not withholding taxes: _____

Not keeping proper time records or records of wages/hours worked: _____

Requiring employees to under-report hours actually worked: _____

Dates of occurrence: From: _____ To: _____

Is the employer under-reporting/concealing payroll by misclassifying worker(s) as independent contractors?

Yes No If yes, please provide the following information:

The occupation(s) involved: _____

The number of workers: _____

How the payroll is being concealed: _____

Your contact information (you may leave blank to send form anonymously):

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number(s): _____

Any other pertinent information to this issue not included above:

Please print reporting form and forward to the address at the top of page 1 of this form.

The Misclassification Task Force includes the Dept. of Labor and Training, the RI Division of Taxation, the Dept. of Business Regulation, the Division of Workforce Regulation and Safety, the RI Attorney General, the RI Dept. of Public Safety and the Workers' Compensation Court.