



WAGE AND HOUR COMPLAINT INSTRUCTIONS

(used to report employers who may be in violation of Colorado wage and hour laws and regulations)

A wage complaint is a written complaint (using the attached official form) filled out by an employee, and filed with the Colorado Division of Labor (by fax, mail, email or in-person) against a current or former employer for unpaid wages that are within the Division's jurisdiction. The wage complaint process is a free service and is available to current and former Colorado private sector employees, regardless of immigration status. Employees may pursue their wage complaint through the Division process, or may elect to go to court instead; the Division process is not required in order to pursue the matter in court. However, if you have already pursued the matter in court, you may not use the Division process.

YES
The Division <u>may</u> have the authority to assist you on the following issues:
<ul style="list-style-type: none"> • Non-payment of wages for work performed in Colorado for private employers • Unauthorized or illegal deductions from wages • Non-payment of overtime in certain industries • Non-payment of vacation earned in accordance with an employer's policy • Dishonored (bounced) paycheck • Minimum wage violations in certain industries • Tip or gratuity disputes • Ordering payment of owed wages of \$7,500 or less, earned on or after January 1, 2015 • Mediation regarding payment of owed wages earned before January 1, 2015
If you are unsure whether your complaint is within the Division of Labor's authority, contact us at: (303) 318-8441 or 1-888-390-7936.

NO
The Division <u>does not</u> have authority to assist you on the following issues:
<ul style="list-style-type: none"> • Independent contractor pay disputes • Work performed outside of Colorado • Wage complaints already filed in the court system • Government or school district employee wage disputes • Expense reimbursements • Severance pay • Sick pay • Pay disputes where an employer has filed for bankruptcy • Wrongful termination • Discrimination • Harassment or abusive treatment • Employment references; slander or libel • Access to personnel or medical records • Health or life insurance coverage • 401K, pension, or savings accounts • Taxes

For wages earned on and after January 1, 2015, the Division can order payment of owed wages up to \$7,500. For wages earned before January 1, 2015, the Division can mediate regarding any amount of wages owed, but cannot order payment.

- Answer all questions on the Wage and Hour Complaint Form accurately, and provide a detailed explanation where necessary. Incomplete forms will delay the processing of the complaint.
- Mail, fax, or email all supporting documents to the Division. Attach copies of any supporting documentation that may substantiate your complaint, i.e. checks, timecards, pay statements, employment contracts, policies, and handbooks.
- The supporting documentation you submit should be copies of the original materials. Do NOT send originals.
- Please include your name and the name of the employer on all of the pages of your supporting documents.
- It is important that you provide all information in detail and supply supporting documentation with your initial written complaint. Failure to supply relevant information will result in delays.
- You are required to contact the Division immediately if your address or contact information changes or if the employer makes payment of owed wages.
- Promptly respond to any communications from the Division.
- Contact the Division if you have any questions about submitting a complaint.

Explanation of the Division's Wage Complaint Administrative Procedure

- Once a Wage Complaint Form is received, a Compliance Officer will review it for completeness and determine if it is within the Division's authority.
- The Division may contact you to obtain additional information or clarify submitted information.
- Once the Compliance Officer has determined Division authority and has all of the necessary documentation, a letter will be sent to the employer explaining the nature of the complaint and the amount alleged to be owed.
- The employer will be given an opportunity to respond to the complaint and provide documentation.
- The Division is required to issue a determination within 90 days of sending the letter to the employer, unless we notify you in advance of good cause to extend the investigation.
- The Division will send you the determination, along with your rights to appeal a determination or to withdraw from the Division's process.

Status of Complaint

The Division is unable to provide status updates regarding your complaint. We will contact you if further information is necessary and when a determination has been issued.

Written Demand for Payment of Wages

Employees who allege that their employer owes them earned wages may send a written demand for payment of wages. If full payment is not made within 14 calendar days after the written demand is sent, the employer may be ordered to pay penalties to the employee, in addition to owed wages. If a written demand is not sent by the employee, the first letter from the Division to the employer constitutes a written demand. As a courtesy, the Division provides a sample written demand for payment of wages form on the Division's website at <https://www.colorado.gov/pacific/cdle/complaint-forms>

Authorized Representative

If you would like someone else to represent you throughout the Division's administrative process, please fill out and file an Authorized Representative Form with the Division. This form is available on our website at <https://www.colorado.gov/pacific/cdle/complaint-forms>

Non-English Language Complaints

The Division accepts complaints filed in languages other than English. Spanish speaking Compliance Officers are available to address complaints through the Division's Administrative Procedure. In addition, the Division has access to interpreter services for other languages.

Retaliation Prohibited

Pursuant to C.R.S. § 8-4-120, employers are forbidden from retaliating or discriminating against an employee for filing a complaint with the Division. Contact an attorney for legal advice concerning your options if an employer retaliates against you.

Additional Questions

If you have additional questions, you may contact the Division via phone at 303-318-8441 or 1-888-390-7936 (toll free). You may also visit our website at www.colorado.gov/cdle/labor or email cdle_labor_standards@state.co.us. The Division is located at 633 17th Street, Suite 200, Denver, Colorado 80202-3611.



Colorado Division of Labor WAGE AND HOUR COMPLAINT

Colorado Division of Labor
633 17th Street, Suite 200
Denver, Colorado 80202-3611
Telephone (303) 318-8441
Fax (303) 318-8400
Toll Free (888) 390-7936
www.colorado.gov/cdle/labor

Office Use Only:

CLAIM #:	COMP OFFICER:	DATE ASSIGNED:
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This form is used to report **employers** who may be in violation of Colorado wage and hour laws and regulations. This form must be filled completely, as well as signed and dated. Failure to do so will delay the processing of this complaint.

Section I: Complainant Information

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	LAST NAME	DAYTIME PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS
JOB TITLE/POSITION	DESCRIBE THE WORK PERFORMED FOR THE EMPLOYER		
DATE STARTED WORK	PLEASE CHECK ONE: <input type="checkbox"/> STILL EMPLOYED WITH EMPLOYER <input type="checkbox"/> QUIT/RETIRED as of _____ <input type="checkbox"/> TERMINATED as of _____		
Was any of the work for which you are claiming wages performed outside of Colorado? <input type="checkbox"/> YES* <input type="checkbox"/> NO <i>*The Division of Labor can only investigate wage complaints for work performed in the State of Colorado. If you are owed wages for work performed out-of-state, please contact the specific state(s) in which the work was performed. If you have questions, please call the Division to speak to a Compliance Officer.</i>			
Have you taken legal action against the employer in this matter? <input type="checkbox"/> YES* <input type="checkbox"/> NO <i>*If you have already pursued the wage complaint in court, you may not subsequently use the Division complaint process to address the same wage complaint previously pursued in court. If you have questions, please call the Division to speak to a Compliance Officer.</i>			

Section II: Employer Information

NAME OF COMPANY (cannot be a government agency or school district)	OWNER'S NAME (if known)
COMPANY MAILING ADDRESS (often found on pay statements or paychecks)	OWNER'S PHONE (if known)
CITY STATE ZIP CODE	COMPANY PHONE (if different from owner's)
ADDRESS WHERE YOU WORKED (if different from above)	EMAIL ADDRESS
CITY STATE ZIP CODE	TYPE OF COMPANY (e.g., construction, restaurant, janitorial, etc.)
Has the company filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Is the company still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

Section III: Wage Complaint Information

Check all that apply and enter the corresponding gross amounts (before taxes) claimed in the columns to the right.	Gross Amount Claimed For Wages Earned PRIOR to January 1, 2015†	Gross Amount Claimed For Wages Earned ON or AFTER January 1, 2015†	Total Gross Amount of Wages Claimed†
<input type="checkbox"/> FINAL WAGES NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> HOURS WORKED NOT PAID other than final wages	\$	\$	\$
<input type="checkbox"/> OVERTIME NOT PAID (Complete Worksheets A and B attached.)	\$	\$	\$
<input type="checkbox"/> MINIMUM WAGE NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> MEAL PERIODS WORKED, NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> COMMISSION OR BONUS NOT PAID (Complete Worksheet C attached.)	\$	\$	\$
<input type="checkbox"/> VACATION PAY UPON SEPARATION NOT PAID (Attach copy of employer's vacation policy, if available.)	\$	\$	\$
<input type="checkbox"/> DEDUCTIONS FROM PAYCHECK not permitted by law	\$	\$	\$
<input type="checkbox"/> BOUNCED PAYCHECK (Attach copy, if available.)	\$	\$	\$
<input type="checkbox"/> OTHER (Specify):	\$	\$	\$
TOTALS:	\$	\$	\$

† Failure to enter the amount of wages owed will delay the processing of this complaint.

Worksheet A - Wages Earned for Time Worked and Unpaid:

To be completed if you are claiming final wages, hours worked not paid, overtime, minimum wage, meal periods worked not paid.

For Allegations of Unpaid Wages (Regular or Overtime), Please Complete the Table Below.
If additional space is needed, please make copies as needed.

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Overtime Hours	Total Hours
Week 1	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 2	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 3	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 4	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									

Hourly Wage: _____ x Total Hours : _____ = Amount Earned At Regular Rate: _____
 Overtime Wage: _____ x Overtime Hours : _____ = Amount Earned At Overtime Rate: _____
 Amount Earned at Regular Rate: _____ + Amount Earned at Overtime Rate: _____ = Total Earned: _____
 Total Earned: _____ - Total Paid: _____ = Amount Claimed: _____

Worksheet B – Overtime worked and unpaid:

To be used if you are claiming that you are owed for overtime that was not paid. NOTE: Overtime is paid for work performed in excess of 40 hours per workweek, 12 hours per workday, or 12 consecutive hours.

	Workweek Ending	Hourly Rate	Overtime Rate	Number of Overtime Hours	Amount Earned	Amount Paid	Amount Owed
1.		\$	\$		\$	\$	\$
2.		\$	\$		\$	\$	\$
3.		\$	\$		\$	\$	\$
4.		\$	\$		\$	\$	\$
5.		\$	\$		\$	\$	\$
6.		\$	\$		\$	\$	\$
7.		\$	\$		\$	\$	\$
8.		\$	\$		\$	\$	\$

Employer's Workweek (for example, Sunday through Saturday, Monday through Sunday, etc.): _____

Total Overtime Hours _____ x Overtime Rate _____ = Amount Claimed: _____

