

COLORADO

Department of Labor and Employment

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	NO
The Division may have the authority to assist you on the	The Division does not have authority to assist you on the
following issues:	following issues:
Non-payment of wages for work performed in	Independent contractor pay disputes
Colorado for private employers	Work performed outside of Colorado
Unauthorized or illegal deductions from wages	• Wage complaints already filed in the court system
• Non-payment of overtime in certain industries	Government or school district employee wage
• Non-payment of vacation earned in accordance with	disputes
an employer's policy	• Expense reimbursements
Dishonored (bounced) paycheck	• Severance pay
Minimum wage violations in certain industries	• Sick pay
Tip or gratuity disputes	• Pay disputes where an employer has filed for
• Ordering payment of owed wages of \$7,500 or less,	bankruptcy
earned on or after January 1, 2015	Wrongful termination
Mediation regarding payment of owed wages earned	Discrimination
before January 1, 2015	Harassment or abusive treatment
	• Employment references; slander or libel
If you are unsure whether your complaint is within the	Access to personnel or medical records
Division of Labor's authority, contact us at:	• Health or life insurance coverage
(303) 318-8441 or 1-888-390-7936.	• 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.

Sti A OF	
STAT	
*800+	
¥ 1876 *	

Colorado Division of Labor WAGE AND HOUR COMPLAINT

COMP

OFFICER

DATE ASSIGNED:

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 <u>completely</u>, as well as signed and dated. Failure to do so will delay the processing of this complaint.

Section I: Complainant Information

□MR. FIRST NAME		LAST NAME		DAYTIME PHONE				
\Box MS.								
MAILING ADDRESS				ALTERNATE PHONE				
CITY		STATE	ZIP CODE	EMAIL ADDRESS				
0.11		011112						
JOB TITLE/POSITION		DESCRIBE 1	THE WORK PERFORMED FOR	R THE EMPLOYER				
	NET OF OFFICE OFF							
DATE STARTED WORK	PLEASE CHECK ONE:							
	□ STILL EMPLOYED WI	TH EMPLOYEI	$R \square QUIT/RETIRED$ as of _	TERMINATED as of				
Was any of the work for which	h you are claiming wages pe	rformed outsi	de of Colorado?	\Box YES* \Box NO				
*The Division of Labor can only	v investigate wage complaints	for work perfo	rmed 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.								
Have you taken legal action against the employer in this matter?								
*If you have already pursued th	e wage complaint in court, yo	u may not subs	equently use the Division comp	plaint process to address the same wage complaint previously				
pursued in court If you have a	estions, please call the Divisi	on to speak to	Compliance Officer					

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?	Is the company still in business?

Section III: Wage Complaint Information

Ch	eck 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†
	FINAL WAGES NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
	HOURS WORKED NOT PAID other than final wages	\$	\$	\$
	OVERTIME NOT PAID (Complete Worksheets A and B attached.)	\$	\$	\$
	MINIMUM WAGE NOT PAID (Complete Worksheet A attached.)	s	\$	\$
	MEAL PERIODS WORKED, NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
	COMMISSION OR BONUS NOT PAID (Complete Worksheet C attached.)	\$	\$	\$
	VACATION PAY UPON SEPARATION NOT PAID (Attach copy of employer's vacation policy, if available.)	\$	\$	\$
	DEDUCTIONS FROM PAYCHECK not permitted by law	\$	\$	\$
	BOUNCED PAYCHECK (Attach copy, if available.)	\$	\$	\$
	OTHER (Specify):	\$	s	s
	TOTALS:	\$	\$	\$

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

Section III: Wage Complaint Information continued

RATE OF PAY: per	□ Hour □ Day □ Week	☐ Month ☐ Piece ☐ Other	How often were you paid?	□ Daily □ Weekly □ Monthly	 Every other week* Twice monthly* 	DATE OF MOST RECENT PAYCHECK (Attach copy of pay stub, if available.)
\$	Other Rate:		*These are not the same	5	Division if you have questions.	
					longs to the employer? he employer (attach additional	YES NO pages as necessary):
Is there a written ag)	2.3.Is there a written ag	reement? 🗆 N	YES 🗆 NO (If yes, attach cop	y.)
DEDUCTIONS: For de	duction claim	ms, what is th	ne nature of the deduct	ion(s)? D □	5	tions from your wages in writing? E (If yes, attach copy of authorization.)

Section IV: Written Demand sent to Employer for Payment of Unpaid Wages

"Written Demand" means any written demand for wages from or on behalf of an employee mailed or delivered to the employer's correct address.

Was a written demand for payment mailed, emailed, or delivered by you to the employer? \Box YES \Box NO If yes, attach proof that the demand was sent to the employer (if available) and complete this section.							
Date Demand was mailed, emailed, or delivered Person to whom Demand was mailed, emailed or delivered							
Address where Demand was mailed, emailed, or o	delivered		Date of employer response (Attach copy, if applicable.)				
City State Zip Code Employer's reason for not paying wages (if one was provided)							

Section V: Non-Wage Complaint Information

Section VI: Additional Information

Explain in detail why you are filing this complaint and show how you calculated the specific amount(s) you are claiming. Attach additional sheets as necessary. Please also provide copies of any records you have that will help the Division understand your complaint (e.g., time records, company policies, pay stubs, etc.).

Before submitting this wage complaint:

Nar

By signing this "Wage and Hour Complaint" you are agreeing to the following:

- I have been notified and understand that any person providing false information to the Division of Labor in order to obtain and/or retain anything of value may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both.
- I hereby certify that this is a true statement of monies owed, and authorize the Division of Labor to investigate and assist in this matter.
- I understand that the Division of Labor does not guarantee a resolution to this dispute, and that I may have to pursue the matter further in court, with an attorney, with another agency, or through other methods.
- I understand that any information supplied to the Division of Labor may be provided to the employer, the agents of the employer involved in the dispute, and other agencies or individuals as the Division deems appropriate.
- I understand that the Division of Labor cannot legally order the payment of wages and penalties for wages earned before January 1, 2015.
- I understand that the Division of Labor cannot legally order the payment of wages in excess of \$7,500.
- I declare under penalty of perjury § 18-8-501, et seq., C.R.S. that the information provided is true and correct.

ne			

Signature

Date

Worksheet A - Wages Earned for Time Worked and Unpaid:

o be con	npleted if you ar	llegations of								iot paid.
	FULA					make copies		the rable	Delow.	
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Overtime Hours	Total Hours
	Date									
	Time In									
Week	Time Out									
1	Length of Meal Period									
	Daily Hours									
	Date									
	Time In									
Week	Time Out								-	
2	Length of Meal Period									
	Daily Hours									
	Date									
	Time In									
Week	Time Out									
3	Length of Meal Period									
	Daily Hours									
	Date									
	Time In									
Week	Time Out									
4	Length of Meal Period									
	Daily Hours									
Hourly Wage: x Total Hours : = Amount Earned At Regular Rate:										
Overtim	e Wage:	x Ov	vertime Hou	rs :	= An	nount Earne	d At Overtin	ne Rate:		
Amount	Earned at Regu	lar Rate:	+	Amount Ear	med at Over	time Rate:		= Total Ea	rned:	
`otal Ea	arned:	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	Hourly	Overtime	Number of	Amount	Amount	Amount			
	Ending	Rate	Rate	Overtime	Earned	Paid	Owed			
	6			Hours						
1.		\$	\$		\$	\$	\$			
2.		\$	\$		\$	\$	\$			
3.		\$	\$		\$	\$	\$			
4.		\$	\$		\$	\$	\$			
5.		\$	\$		\$	\$	\$			
6.		\$	\$		\$	\$	\$			
7.		\$	\$		\$	\$	\$			
8.		\$	\$		\$	\$	\$			
Employer's Workweek (for example, Sunday through Saturday, Monday through Sunday, etc.):										
Tota	Total Overtime Hours x Overtime Rate = Amount Claimed:									

Worksheet C – Commission or Bonus:

To be completed if you are claiming you are owed wages for commissions or bonuses that were earned and unpaid. Provide a copy of the agreement if available. If additional space is needed, please make copies as needed.

	RE COMMISSIO date of delivery, o			2. WERE COMMISSIONS/BONUSES SUBJECT TO RETURN, CANCELLATIONS, OR CHARGE BACKS?				
					\Box YES	□ NO		
				IF YES, PLEASE EXPLAIN:				
	AGREEMENT C		XAW	4. DID YOU SIGN A SEPARATION AGREEMENT? If yes, provide a copy.				
	□ YES	□ NO			\Box YES	\Box NO		
5. IF YOU A	NSWERED YES	TO #3, EXPLA	IN:		RE A WRITTEN ENT? If yes, prov	N COMMISSION ide a copy.	OR BONUS	
					□ YES	□ NO		
			COMMISSIO	NS EARNED				
Date of Sale	Name of	Amount of	Rate of Commission	Amount of Commission	Date Commission	Date and	Balance Due	
	Customer or Invoice/	Sale	Commission	Due	Payable	Amount Paid (if any)		
	Reference #							
					Total	Amount Owed:	\$	
			BONUSES	EARNED	1			
	Description of	of Bonus, Includi	ng When It Was I	Earned		ate the Bonus Was Earned	Gross Amount Owed	
	Amount Owed:	\$						