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DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF LABOR
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EXPLANATION OF WAGE COMPLAINT APPEAL AND TERMINATION RIGHTS

Either party (claimant or employer) can appeal a Compliance Investigator's determination regarding wages earned on or after January 1, 2015, by requesting a hearing with the Colorado Division of Labor. If you wish to appeal a determination and request a hearing, fill out the form on the back of this page and return it to the Division. You **must also send this completed form and any new evidence to the other parties** listed on the Compliance Investigator's determination. Alternatively, the claimant (not the employer) may terminate the proceedings, as described below.

Deadline. The Division must **receive** your appeal **no later than 35 calendar days from the date of the determination**. If the 35th day falls on a weekend or state holiday, your appeal must be received by the next business day. The date the Division receives this appeal form is considered the date of appeal. The Division cannot accept any late appeals. If no appeal is received within 35 days of the date of the Compliance Investigator's determination, the determination is final. It is your responsibility to make sure the Division receives the appeal within 35 days.

Fill out the form completely and sign it. Make sure to fill out all the requested information and sign the form so the Division can process your appeal. Incomplete forms may delay the process. It is very important to include a statement of why you believe the determination contains a clear error. Attach any new evidence (anything not provided to the Compliance Investigator) that could help you prove there is a clear error in the determination.

Make copies before filing. Keep a copy of your completed appeal form and any new evidence for your records**.**

Filing: Mail, fax, email, or deliver your completed appeal form and any new evidence to the Division.

Mail or deliver the form to: Colorado Division of Labor, 633 17th Street, Suite 200, Denver, CO 80202. You may wish to use certified mail so there is a record of receipt.

-or-

Fax the form to: 303-318-8400.

-or-

Email the form to: cdle_LS_appeals@state.co.us.

You must also send a copy of your completed appeal form and any new evidence to the other parties. The names and addresses of the other parties are listed in the determination. The Division cannot process your appeal if you do not send a copy to the other parties.

Once the Division processes your appeal form, the Division will send you a letter notifying you of the date and time of a hearing and any other necessary instructions. The hearing will be held by telephone, and you must participate in the hearing by telephone.

The other party may also appeal and request a hearing. If the other party files an appeal, the Division will send you a letter notifying you of the date and time of a hearing and any other necessary instructions. The hearing will be held by telephone, and you must participate by telephone. If both parties appeal, only one hearing will be held.

A Division Hearing Officer will conduct the hearing by telephone. During the hearing, all parties will be able to present arguments and question all witnesses. The Hearing Officer can order the parties to testify or to produce documents and other evidence. The Hearing Officer can only alter the Compliance Investigator's determination if there is a clear error of fact or law. The party who files the appeal must prove that there is a clear error in the determination.

Payment by Employer. If the claimant accepts payment of the full amount of wages and penalties ordered in the determination, the payment constitutes full and complete satisfaction, and the claimant will not be permitted to appeal or to pursue any action in court. If the employer appeals, payment of the wages, penalties, and fines in dispute may be on hold pending the outcome of the hearing.

The claimant (but not the employer) also has the right to terminate the Division's investigative proceedings instead of appealing. Any request for termination must be received by the Division within 35 days of the date of the Compliance Investigator's determination. If you are the claimant and you choose to terminate the Division's proceedings, the Division will revoke the determination. If the determination ordered the employer to pay you wages and/or penalties, that order will be revoked. You will retain any right to file an action against the employer in court, but any Division determination will be inadmissible in any court action. If you terminate the Division's proceedings within 35 days, neither you nor the employer can appeal the Compliance Investigator's determination. It will be as if the determination was never issued. You may terminate the proceedings by sending *written notice* to the Division within 35 days of the determination. You may terminate the proceedings even if the employer has appealed.

WAGE COMPLAINT APPEAL HEARING REQUEST FORM

1. Claim number (listed on determination being appealed):	2. Date of determination being appealed:

3. Your name, address, phone number, and email (if you are the employer, write your name and the company name):

4. Will you be represented at the hearing by a third party?
☐Yes ☐No

If yes, write the representative's name, address, phone number, and email (you must also fill out the Authorized Representative Form, which can be found at https://www.colorado.gov/pacific/cdle/complaint-forms):

5. Do you or anyone else taking part in the appeal require an interpreter or any other accommodation? ☐Yes ☐No ☐Unsure If yes, language(s) or other accommodation:	6. Has the claimant taken any legal action in court against the employer in this matter? ☐Yes ☐No If yes, case number (if known):
	7. Has the employer filed for bankruptcy? ☐Yes ☐No

8. Do you have new evidence to submit? ☐Yes ☐No

New evidence is anything not provided to the Compliance Investigator during the investigation. If you have new evidence to submit, please attach the evidence or attach a statement explaining what you intend to submit and when you will submit it. You may submit evidence at a later time, but all evidence must be received (and a copy provided to the other party) at least one week before the hearing.

9. *If you are the claimant* and you accept payment from the employer of all wages, compensation, and penalties ordered in the Compliance Investigator's determination, you may not appeal the determination. Acceptance of such wages and penalties constitutes *payment in full*. Please affirm the following if you wish to appeal the determination:

☐ I assert that I have not accepted payment of wages, compensation, and penalties ordered by the Division of Labor and delivered to me by my employer, and I wish to appeal the Division's determination.
☐ I understand that if I do accept such payment now or in the future, I will not be able to appeal this determination.

10. Describe in detail the clear error in the Compliance Investigator's determination (*i.e.*, why you are appealing). Attach additional pages if necessary.

I understand that any person providing false information to the Division of Labor may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both. I declare under penalty of perjury (C.R.S. § 18-8-501, et. seq.) that the information I provided is true and correct. If I am not the appealing party, I certify that I am acting on their behalf.

Signature of the Person Appealing (or that person's authorized representative)	Date