

**CONSOLIDATED APPEAL & DISPUTE FORM**  
**COLORADO STATE PERSONNEL BOARD and STATE PERSONNEL DIRECTOR**

This consolidated form is provided for employees and/or job applicants who are filing appeals or disputes with the State Personnel Board or State Personnel Director. A copy of the Board Rules and Director's Administrative Procedures may be found at <https://www.colorado.gov/spb>.

PLEASE READ THE INSTRUCTIONS provided for completing the Consolidated Appeal & Dispute Form. The form may be printed out and filled in by hand or completed online and printed out. You may attach additional sheets if necessary, be sure to note the numbered question to which the information applies. Pursuant to the Americans with Disabilities Act, accommodations for completing the form are available. Contact the State Personnel Board for assistance at (303) 866-3300.

Mail or hand-deliver the completed form to the **State Personnel Board, 1525 Sherman Street, 4th Floor, Denver CO 80203**, or fax it to: (303) 866-5038, and provide a copy to Respondent identified in #3. YOU MUST PROMPTLY NOTIFY the Board or State Personnel Director in writing, if the information in questions 1 or 2 below changes before the appeal or dispute process is concluded.

NOTE: You will receive copies of Board Orders by email ONLY, and therefore, providing an email address is mandatory. *If you do not have access to email or a computer, you must request an exemption in writing from the Board.*

**1. IDENTIFICATION OF EMPLOYEE / JOB APPLICANT ("COMPLAINANT")**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (h): \_\_\_\_\_ (w) \_\_\_\_\_  
EMAIL (REQUIRED) (Please print clearly) \_\_\_\_\_

**At time of action:** I am/was a certified state employee. Yes  No  I am/was a probationary employee. Yes  No

**2. REPRESENTATION: Have you retained an attorney to assist you in this matter? Yes  No**

If yes, provide attorney's information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ EMAIL (REQUIRED) \_\_\_\_\_

**3. THE DEPARTMENT OR COLLEGE / UNIVERSITY WHOSE ACTION IS BEING APPEALED OR DISPUTED ("RESPONDENT")**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_

**4. SPECIFIC ACTION(S) BEING APPEALED OR DISPUTED and REASON(S) FOR APPEAL / DISPUTE**

**5. ACTION TAKEN: Were you notified in writing that this action was taken? Yes  No**

Date you received the notice of action. \_\_\_\_\_ If notification was verbal, please describe: \_\_\_\_\_

**You must attach a copy of any written notification of the action that was provided to you**

**6. RELIEF REQUESTED: What do you want as a result of this appeal?**

7. TYPE OF APPEAL OR DISPUTE:

<b>Colorado State Personnel Board</b> Check all boxes that apply													
<input type="checkbox"/> <b>If you are claiming discrimination or retaliation check all that apply:</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Age</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Political Affiliation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disability</td> <td style="border: none;"><input type="checkbox"/> Race / Color</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Gender</td> <td style="border: none;"><input type="checkbox"/> Religion / Creed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sexual Harassment</td> <td style="border: none;"><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> National Origin/Ancestry</td> <td style="border: none;"><input type="checkbox"/> Veteran's Status</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Organizational Membership</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Age	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Disability	<input type="checkbox"/> Race / Color	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion / Creed	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Veteran's Status	<input type="checkbox"/> Organizational Membership	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> <b>Disciplinary Action:</b> you have received an adverse action that affects your base pay, status, or tenure.	<input type="checkbox"/> <b>Decision to exempt a position from the State Personnel System:</b> you are appealing the final decision made by State Personnel Director.												
<input type="checkbox"/> <b>Forced Resignation:</b> you reasonably believe you were coerced or forced to resign your employment.	<input type="checkbox"/> <b>Whistleblower:</b> you were retaliated against for disclosure of information concerning waste of public funds, abuse of authority, or mismanagement of a state agency. <b>You must attach a separate <a href="#">whistleblower complaint form</a>.</b>												
<input type="checkbox"/> <b>Layoff:</b> your position was eliminated, or upwardly / downwardly allocated to a different class in the course of a layoff.	<input type="checkbox"/> <b>Final Grievance Decision:</b> you are appealing a department's final decision of your grievance based on a violation of your rights under the federal or state constitution or the grievance procedures. <b>You must attach a copy of the original written grievance and the department's final decision. Check all that apply:</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Federal or State Constitutional Rights</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Grievance Procedures (Board Rule 8-8)</td> </tr> </table>	<input type="checkbox"/> Federal or State Constitutional Rights	<input type="checkbox"/> Grievance Procedures (Board Rule 8-8)										
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<input type="checkbox"/> <b>Administrative Discharge:</b> you were discharged due to exhaustion of leave.													
<input type="checkbox"/> <b>Decisions of the Director regarding Comparative Analysis:</b> you are requesting a discretionary review after receiving the final decision of the State Personnel Director.													
<b>Statewide Personnel Director's Review</b> Check all boxes that apply													
<input type="checkbox"/> Allocation of your position to a lower pay grade.	<input type="checkbox"/> <b>External Performance Management Dispute:</b> Original issues involving the application of your department's performance management program (this does NOT include dispute of your individual performance rating).												
<input type="checkbox"/> <b>You are objecting to the selection and comparative analysis process:</b> <table style="width:100%; border: none;"> <tr><td style="width: 50%; border: none;"><input type="checkbox"/> Removal of your name from consideration</td></tr> <tr><td style="border: none;"><input type="checkbox"/> You are not a Colorado Resident</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Rejection of your application</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Failure of background check</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Failure of assessment</td></tr> <tr><td style="border: none;"><input type="checkbox"/> Other hiring process objection</td></tr> </table>	<input type="checkbox"/> Removal of your name from consideration	<input type="checkbox"/> You are not a Colorado Resident	<input type="checkbox"/> Rejection of your application	<input type="checkbox"/> Failure of background check	<input type="checkbox"/> Failure of assessment	<input type="checkbox"/> Other hiring process objection	<input type="checkbox"/> General matter that affects the <b>overall administration of the state personnel system (except</b> annual compensation survey, granting of in-range salary movements, discretionary pay differentials, leave sharing, granting and application of discretionary saved pay during exercise of retention rights, and job evaluation system and actions).						
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<input type="checkbox"/> Failure of background check													
<input type="checkbox"/> Failure of assessment													
<input type="checkbox"/> Other hiring process objection													
	<input type="checkbox"/> <b>Other:</b> Fair Labor Standards Act (FLSA), Family Medical Leave Act (FMLA)												

**Always attach supporting documentation including the final decision when filing your appeal.**

8. **SIGNATURE:** You (the Complainant) or your legal representative, if applicable, must sign this form. Signature by a legal representative constitutes an entry of appearance for an appeal. All documents and correspondence will be sent to the person signing this form.

Date: \_\_\_\_\_ Signature of Complainant / \_\_\_\_\_  
or legal representative

**You are required to provide a copy of this appeal to the Respondent (#3) on page 1 of this form AND certify below that you have provided such copy.**

9. **CERTIFICATE OF DELIVERY TO RESPONDENT:** I certify that I have provided a copy of this appeal to Respondent by:

First Class Mail:                      Hand-Delivery:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signature of Complainant \_\_\_\_\_