



**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF LABOR STANDARDS AND STATISTICS**

633 17th Street, Suite 600, Denver, Colorado 80202-2107
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www.colorado.gov/cdle/labor

Office Use Only:

CLAIM #:		COMPLIANCE INVESTIGATOR:	
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EMPLOYER RESPONSE FORM

Complete this form and return it to the Division, as indicated in the Notice of Complaint sent to you. You are required to notify the Division immediately if your address or contact information changes.

SECTION A: Verify Information

Please Verify the Business/Company Contact Information

Name of Business/Company		
Corporation/DBA/Alias, if different than Business/Company Name above		
Physical Address	PO Box (If Applicable)	
City	State	Zip Code

Owner/Agent/Contact Info

Name of Owner/Agent/Contact	Title	
Mailing Address, if different from Physical Address above	PO Box (If Applicable)	
City	State	Zip Code
Owner/Agent/Contact Email Address	Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Owner/Agent/Contact Phone Number

SECTION B: Response to Wage Claim

Check the option that applies, fill in the information, and attach all required supporting documentation.

Option 1 - Full payment of the wages claimed, as indicated on the Notice of Complaint, sent to the claimant.

I determined that the wages claimed were owed. The amount of wages claimed has now been paid.

If selecting option 1, complete Sections C, E, and G below and attach all relevant records.

Option 2 – Payment was sent to the claimant, but the amount of wages believed to be due is not equivalent to the amount listed on the Notice of Complaint.

I determined that the claimant was owed wages; however, the amount claimed was not correct. I have paid the amount of wages that I believe was due to the claimant. I have attached the necessary proof of the wages that were earned and paid including records of time worked, payments made, and any other records necessary to prove my position. Additionally, I have sent payment to the claimant of all wages that I, in good faith, believe are due.

If selecting option 2, complete sections C, D, E, and G below and attach all relevant records.

Option 3 – Claim denied; it is believed that no wages were owed.

I believe that the claimant was not owed any wages. I have attached the necessary proof of the wages that were earned and paid including records of time worked, payments made, and any other records relevant to prove that all earned wages were paid.

If selecting option 3, complete sections D, E, and G below and attach all relevant records.

SECTION C: Payment Information

Enclosed is proof that payment was sent to the claimant

Date sent: _____

Gross wages paid: \$ _____

Net wages paid: \$ _____

Method of payment (check, direct deposit, etc.) _____

Check number or bank of deposit, etc. _____

Address payment was sent to, if sent by mail: _____

SECTION D: Your Explanation

Below is my explanation of what wages I believe the claimant was owed, what wages were paid, and why no further compensation is owed.

SECTION E: Attached Documentation

The attached documentation is provided to show that the claimant was paid all wages owed under Colorado law. **You MUST include ALL itemized pay statement records for all of the time periods that were requested in the Notice of Complaint.** Failure to provide the requested records may result in the imposition of a \$250 fine per employee, per month, up to a maximum fine of \$7,500.

Please list the documentation attached:

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION F: Trade Secret Designation

The provided documentation may contain information designated as proprietary, a trade secret, or privileged information as defined in C.R.S. § 7-74-102(4), and should be treated as such.

Please list the documentation attached that may contain a trade secret:

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION G: Signature and Date

1. I understand that any person providing false information to the Division 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.
2. I hereby certify that this is a true statement regarding compensation paid or owed to the claimant.
3. I understand that any information supplied to the Division may be provided to the claimant and his/her agent, as well as other agencies or individuals as the Division deems appropriate and as allowed by law.
4. I declare under penalty of perjury (C.R.S. § 18-8-501, et seq.) that the information I provide is true and correct.
5. I understand I am required to notify the Division immediately if my contact information changes.

Name of individual who completed this form:	Title/Position:
Signature:	Date:

Pursuant to C.R.S. § 8-4-113(1)(b), the director shall impose a fine of two hundred fifty dollars on an employer who fails to respond to a Notice of Complaint or to any other notice from the division to which a response is required. This response form must be completed and returned as instructed in response to a Notice of Complaint to constitute a sufficient response.

Please return this completed response form and supporting documentation to the Division:

Colorado Division of Labor Standards and Statistics

633 17th Street, Suite 600

Denver, Colorado 80202-2107

Fax: (303) 318-8400

Email: cdle_labor_standards@state.co.us