

JOHN HICKENLOOPER
Governor

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Executive Director

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Director



DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF LABOR

633 17th Street, Suite 200, Denver, Colorado 80202-3611
Phone: (303)318-8441 Toll-free: 1-888-390-7936 Fax: (303)318-8400
www.colorado.gov/cdle/labor

Office Use Only:

| | | | |
|----------|--|--------------------------|--|
| CLAIM #: | | COMPLIANCE INVESTIGATOR: | |
|----------|--|--------------------------|--|

EMPLOYER RESPONSE FORM

Complete this form and return it to the Colorado Division of Labor, 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 Complaint

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 have reviewed the complaint and 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 F 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 have reviewed the complaint and 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. Proof of payment is attached.

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

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

I have reviewed the claim, and 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 F 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 Detailed Explanation

Below is my detailed 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 that has been attached:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SECTION F: Signature and Date

1. I 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.
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.

| | |
|---|-----------------|
| 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. If a Notice of Complaint has been sent to you, this response form must be completed and returned as instructed to constitute a sufficient response.

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

Mailing Address:

Colorado Division of Labor
633 17th Street, Suite 200
Denver, Colorado 80202-3611

Fax: (303) 318-8400

Email: cdle_labor_standards@state.co.us