



Wage Complaint Instructions

Colorado Department of Labor and Employment

Division of Labor

www.colorado.gov/cdle/labor

What is a wage complaint?

A wage complaint is a written complaint filed with the Division of Labor against your current or former employer for unpaid wages or labor law violations that are within the Division's jurisdiction.

Can I file a wage complaint with the Division?

YES The Division may have the authority to assist you on the following issues:	NO The Division does not have authority to assist you on the following issues:
<ul style="list-style-type: none">• Non-payment of wages for work performed in Colorado• Minimum wage violations• Unauthorized deductions from wages• Non-payment of overtime in certain industries• Non-payment of vacation earned in accordance with an employer's policy• Dishonored (bounced) paycheck• Tip or gratuity disputes <p>If you are unsure whether your complaint is within the Division's authority, contact us at (303) 318-8441 or 1-888-390-7936.</p>	<ul style="list-style-type: none">• Independent contractor pay disputes• Wrongful termination• Discrimination• Harassment or abusive treatment• Expense reimbursements• Employment references; slander or libel• Access to personnel or medical records• Government or school district employee disputes• Severance pay• Sick pay• Pay disputes where an employer has filed for bankruptcy or has been seized by a creditor• Health or life insurance coverage• 401K, pension, or savings accounts• Taxes

How do I file a wage complaint?

The Division only accepts complaints in writing or electronically. Please complete the "Request for Mediation" form and answer all questions. If your claim is not completed, the process may be delayed.

If you believe your employer owes you wages for work performed as an employee within the state of Colorado, and you wish for the Division to assist you in recovering the unpaid wages, you may file a complaint by filling out the "Request for Mediation" form.

How do I include supporting documentation?

You may mail, fax, or email all supporting documents to the Division. Attach supporting documentation that may substantiate your complaint, such as copies of checks, timecards, pay statements, employment contracts, policies, or handbooks. On all pages of your documents, please include your name and the name of the employer you are filing the complaint against.

Mailing address:

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

Fax: (303) 318-8400

Email: labor.stand@state.co.us

Confidentiality: May I file a complaint anonymously?

Yes, however, if you are filing a wage claim anonymously be sure no personal information is included in your complaint. The Division may not release information to you once you have filed an anonymous complaint.

What is the next step after I've filed a complaint?

Once a complaint is received by the Division, it is assigned to a compliance officer and given a claim number. The complaint is reviewed to determine if it is within our authority. If there appears to be a violation, the compliance officer will typically contact the business via letter requesting a response in writing from your employer. The compliance officer will NOT contact you at this stage of the process unless additional information is necessary.

Length of the investigation: How long can an investigation take?

The Division of Labor attempts to resolve issues as quickly as possible. We do not provide a specific timeframe for investigating your dispute. In general, the time it takes to resolve or complete an investigation depends on the complexity of each complaint and other factors. The Division cannot guarantee a resolution concerning your complaint, but will notify you of the outcome.

What can I do to speed up the process?

- Answer all questions on the "Request for Mediation" form accurately and provide a detailed explanation where necessary. Incomplete forms will be returned to you.
- It is important that you provide all information in detail and supply supporting documentation with your initial written complaint. Failure to supply information may result in delays.
- Attach copies of any supporting documentation. Do NOT send originals.
- Contact the Division immediately if your address or contact information changes.

What is the status of my complaint?

The Division of Labor does not provide progress updates on complaints. If you receive payment or have resolved the issue with the employer, please contact the Division with the date, check number (if applicable), amount, or other information.

How do I know the outcome?

The Division will notify you of the outcome of your complaint using the contact information you have provided. If the Division cannot resolve your complaint, we will provide you with information regarding other options available. You may wish to pursue the dispute in court, where a judge may assess penalties for non-payment of wages.

Additional questions?

Contact us 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 us at labor.stand@state.co.us. Our office is located at 633 17th Street, Suite 200, Denver, Colorado 80202-3611

File the complaint.

By signing the "Request for Mediation" 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 also understand that any information supplied to the Division 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.

JOHN HICKENLOOPER
Governor

ELLEN GOLOMBEK
Executive Director

MICHAEL J. MCARDLE
Director of Labor



DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF LABOR

Main: 633 17th Street, Suite 200, Denver, Colorado 80202-3660
Telephone (303) 318-8441 Toll Free 1-888-390-7936 Fax (303) 318-8400
www.colorado.gov/cdle/labor

CLAIM #

COMP OFFICER:

REQUEST FOR MEDIATION
THIS FORM MUST BE SIGNED AND DATED. **INCOMPLETE FORMS MAY BE RETURNED.**

CLAIMANT FIRST NAME		LAST NAME		GENDER: MALE FEMALE	
MAILING ADDRESS			CITY		STATE ZIP CODE
EMAIL ADDRESS		HOME PHONE		CURRENT WORK PHONE CELL PHONE	
EMPLOYER/BUSINESS NAME			OWNER OR SUPERVISOR'S NAME		
EMPLOYER MAILING ADDRESS			CITY		STATE ZIP CODE
EMPLOYER EMAIL ADDRESS		PHONE		ALTERNATE PHONE FAX NUMBER	
TYPE OF CLAIM SALARY WAGES COMMISSION VACATION DEDUCTIONS OVERTIME OTHER _____					
INDUSTRY (What does the company do?)			JOB TITLE/POSITION (What did you do?)		
HOW OFTEN WERE YOU PAID?		DAILY WEEKLY BIWEEKLY SEMI-MONTHLY		DATE STARTED WORK DATE LAST WORKED	
MONTHLY AT JOB COMPLETION OTHER (explain) _____					
ARE YOU STILL WORKING THERE?		REASON FOR SEPARATION			
YES NO		FIRED QUIT LAY-OFF OTHER _____			
RATE OF PAY PER (Hour, Week, Month, Piece, Biweekly, etc.)			TOTAL AMOUNT OF MONEY YOU ARE OWED		
\$ /			\$		
HOW DID YOU ARRIVE AT THE AMOUNT YOU ARE CLAIMING? Please be specific and use the reverse side of this form to provide details. Attach supporting documentation.					
WERE YOU PAID AT THE TIME OF SEPARATION?		DID YOU RECEIVE ITEMIZED PAY STATEMENTS?		WERE YOU ISSUED A UNIFORM? IF YES, WAS IT RETURNED?	
YES NO		YES NO		YES NO	
ARE YOU HOLDING ANYTHING THAT BELONGS TO THE EMPLOYER?		IF YES, DESCRIBE.		DO YOU HAVE ANY OUTSTANDING ADVANCES OR LOANS WITH THE EMPLOYER? IF YES, AMOUNT: _____	
YES NO				YES NO IF YES, AMOUNT: _____	
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>This form must be signed and dated.</i>					
1. 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.					
2. 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 another agency, or through other methods.					
3. I also understand that any information supplied on this form may be provided to the employer and the agents of the employer involved in the dispute.					
YOUR SIGNATURE _____			DATE _____		
Office Use Only					
RESOLUTION _____		DATE CLOSED _____		AMOUNT \$ _____	

ADDITIONAL COMMENTS: