



WAGE AND HOUR COMPLAINT INSTRUCTIONS

(used to report employers who may be in violation of Colorado wage and hour laws and regulations)

A wage complaint is a written complaint (using the attached official form) filled out by an employee, and filed with the Colorado Division of Labor Standards and Statistics (by fax, mail, email or in-person) against a current or former employer for unpaid wages that are within the Division's jurisdiction. The wage complaint process is a free service and is available to current and former Colorado private sector employees, regardless of immigration status. Employees may pursue their wage complaint through the Division process, or may elect to go to court instead; the Division process is not required in order to pursue the matter in court. However, if you have already pursued the matter in court, you may not use the Division process.

YES
The Division <u>may</u> have the authority to assist you on the following issues:
<ul style="list-style-type: none"> • Non-payment of wages for work performed in Colorado for private employers • Unauthorized or illegal 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 • Minimum wage violations in certain industries • Tip or gratuity disputes • Ordering payment of owed wages of \$7,500 or less
The Division can order payment of owed wages up to \$7,500.
If you are unsure whether your complaint is within the Division's authority, contact us at: (303) 318-8441 or 1-888-390-7936.

NO
The Division <u>does not</u> have authority to assist you on the following issues:
<ul style="list-style-type: none"> • Independent contractor pay disputes • Work performed outside of Colorado • Wage complaints already filed in the court system • Government or school district employee wage disputes • Expense reimbursements • Severance pay • Sick pay • Pay disputes where an employer has filed for bankruptcy • Wrongful termination • Discrimination • Harassment or abusive treatment • Employment references; slander or libel • Access to personnel or medical records • Health or life insurance coverage • 401K, pension, or savings accounts • Taxes

INSTRUCTIONS:

- Answer all questions on the Wage and Hour Complaint Form accurately, and provide a detailed explanation where necessary. Incomplete forms will delay the processing of the complaint.
- Mail, fax, or email all supporting documents to the Division. Attach copies of any supporting documentation that may substantiate your complaint, i.e. checks, timecards, pay statements, employment contracts, policies, and handbooks.
- The supporting documentation you submit should be copies of the original materials. Do NOT send originals.
- Please include your name and the name of the employer on all of the pages of your supporting documents.
- It is important that you provide all information in detail and supply supporting documentation with your initial written complaint. Failure to supply relevant information will result in delays.
- You are required to contact the Division immediately if your address or contact information changes or if the employer makes payment of owed wages.
- Promptly respond to any communications from the Division.
- Contact the Division if you have any questions about submitting a complaint.

Explanation of the Division's Wage Complaint Administrative Procedure

- Once a Wage Complaint Form is received, a Compliance Investigator will review it for completeness and determine if it is within the Division's authority.
- The Division may contact you to obtain additional information or clarify submitted information.
- Once the Compliance Investigator has determined Division authority and has all of the necessary documentation, a letter will be sent to the employer explaining the nature of the complaint and the amount alleged to be owed.
- The employer will be given an opportunity to respond to the complaint and provide documentation.
- The Division is required to issue a determination within 90 days of sending the letter to the employer, unless we notify you in advance of good cause to extend the investigation.
- The Division will send you the determination, along with your rights to appeal a determination or to withdraw from the Division's process.

Written Demand for Payment of Wages

Employees who allege that their employer owes them earned wages may send a written demand for payment of wages. If full payment is not made within 14 calendar days after the written demand is sent, the employer may be ordered to pay penalties to the employee, in addition to owed wages. If a written demand is not sent by the employee, the first letter from the Division to the employer constitutes a written demand. As a courtesy, the Division provides a sample written demand for payment of wages form on the Division's website at <https://www.colorado.gov/pacific/cdle/complaint-forms>

Authorized Representative

If you would like someone else to represent you throughout the Division's administrative process, please fill out and file an Authorized Representative Form with the Division. This form is available on our website at <https://www.colorado.gov/pacific/cdle/complaint-forms>

Non-English Language Complaints

The Division accepts complaints filed in languages other than English. Spanish speaking Compliance Investigators are available to address complaints through the Division's Administrative Procedure. In addition, the Division has access to interpreter services for other languages.

Retaliation Prohibited

Pursuant to C.R.S. § 8-4-120, employers are forbidden from retaliating or discriminating against an employee for filing a complaint with the Division. Contact an attorney for legal advice concerning your options if an employer retaliates against you.

Additional Questions

If you have additional questions, you may contact the Division 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 cdle_labor_standards@state.co.us. The Division is located at 633 17th Street, Suite 600, Denver, Colorado 80202-2107.



Colorado Division of Labor Standards and Statistics

WAGE AND HOUR COMPLAINT

633 17th Street, Suite 600
 Denver, Colorado 80202-2107
 Telephone (303) 318-8441
 Fax (303) 318-8400
 Toll Free (888) 390-7936
www.colorado.gov/cdle/labor

Office Use Only:

CLAIM #:	COMP INVESTIGATOR	DATE ASSIGNED:
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This form is used to report **employers** who may be in violation of Colorado wage and hour laws and regulations. This form must be filled completely, as well as signed and dated. Failure to do so will delay the processing of this complaint.

Section I: Complainant Information

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	LAST NAME	PRIMARY PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS
JOB TITLE/POSITION		DESCRIBE THE WORK PERFORMED FOR THE EMPLOYER	
DATE STARTED WORK	PLEASE CHECK ONE: <input type="checkbox"/> STILL EMPLOYED WITH EMPLOYER <input type="checkbox"/> QUIT/RETIRED as of _____ <input type="checkbox"/> TERMINATED as of _____		
Was any of the work for which you are claiming wages performed outside of Colorado? <input type="checkbox"/> YES* <input type="checkbox"/> NO			
<i>*The Division can only investigate wage complaints for work performed in the State of Colorado. If you are owed wages for work performed out-of-state, please contact the specific state(s) in which the work was performed. If you have questions, please call the Division to speak to a Compliance Investigator.</i>			
Have you taken legal action against the employer in this matter? <input type="checkbox"/> YES* <input type="checkbox"/> NO			
<i>*If you have already pursued the wage complaint in court, you may not subsequently use the Division complaint process to address the same wage complaint previously pursued in court. If you have questions, please call the Division to speak to a Compliance Investigator.</i>			

Section II: Employer Information

NAME OF COMPANY (cannot be a government agency or school district)	CONTACT NAME (if known)
COMPANY MAILING ADDRESS (often found on pay statements or paychecks)	CONTACT PHONE (if known)
CITY STATE ZIP CODE	COMPANY PHONE
ADDRESS WHERE YOU WORKED (if different from above)	EMAIL ADDRESS
CITY STATE ZIP CODE	TYPE OF COMPANY (e.g., construction, restaurant, janitorial, etc.)
Has the company filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Is the company still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

Section III: Wage Complaint Information

Check all that apply and enter the corresponding gross amounts (before taxes) claimed in the columns to the right.	Gross Amount Claimed For Wages Earned PRIOR to January 1, 2015†	Gross Amount Claimed For Wages Earned ON or AFTER January 1, 2015†	Total Gross Amount of Wages Claimed†
<input type="checkbox"/> FINAL WAGES NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> HOURS WORKED NOT PAID other than final wages	\$	\$	\$
<input type="checkbox"/> OVERTIME NOT PAID (Complete Worksheets A and B attached.)	\$	\$	\$
<input type="checkbox"/> MINIMUM WAGE NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> MEAL PERIODS WORKED, NOT PAID (Complete Worksheet A attached.)	\$	\$	\$
<input type="checkbox"/> COMMISSION OR BONUS NOT PAID (Complete Worksheet C attached.)	\$	\$	\$
<input type="checkbox"/> VACATION PAY UPON SEPARATION NOT PAID (Attach copy of employer's vacation policy, if available.)	\$	\$	\$
<input type="checkbox"/> DEDUCTIONS FROM PAYCHECK not permitted by law	\$	\$	\$
<input type="checkbox"/> BOUNCED PAYCHECK (Attach copy, if available.)	\$	\$	\$
<input type="checkbox"/> OTHER (Specify):	\$	\$	\$
TOTALS:	\$	\$	\$

† Failure to enter the amount of wages owed will delay the processing of this complaint.

Section III: Wage Complaint Information *continued*

RATE OF PAY: per \$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Piece <input type="checkbox"/> Other Other Rate: _____	How often were you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week* <input type="checkbox"/> Twice monthly* <input type="checkbox"/> Monthly	DATE OF MOST RECENT PAYCHECK (Attach copy of pay stub, if available.) _____
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***These are not the same. Please call the Division if you have questions.**

Section IV: Written Demand sent to Employer for Payment of Unpaid Wages

"Written Demand" means any written demand for wages from or on behalf of an employee mailed or delivered to the employer's correct address.

Was a written demand for payment mailed, emailed, or delivered by you to the employer? YES NO
If yes, **attach proof that the demand was sent to the employer** (if available) and complete this section.

Date Demand was mailed, emailed, or delivered	Person to whom Demand was mailed, emailed or delivered
Address where Demand was mailed, emailed, or delivered	Date of employer response (Attach copy, if applicable.)
City State Zip Code	Employer's reason for not paying wages (if one was provided)

Section V: Non-Wage Complaint Information

TYPE OF COMPLAINT: Wages Paid, But Not Timely Itemized Pay Statement(s) not Provided Rest and Meal Period Violations (no wages owed)
 Other (specify): _____

Section VI: Additional Information

Explain in detail why you are filing this complaint and show how you calculated the specific amount(s) you are claiming. Attach additional sheets as necessary. Please also provide copies of any records you have that will help the Division understand your complaint (e.g., time records, company policies, pay stubs, etc.).

Before submitting this wage complaint:

By signing this "Wage and Hour Complaint" you are agreeing to the following:

- I have been notified and 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.
- I hereby certify that this is a true statement of monies owed, and authorize the Division to investigate and assist in this matter.
- I understand that the Division 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 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.
- I understand that the Division cannot legally order the payment of wages and penalties for wages earned before January 1, 2015.
- I understand that the Division cannot legally order the payment of wages in excess of \$7,500.
- I declare under penalty of perjury § 18-8-501, et seq., C.R.S. that the information provided is true and correct.

_____ Name Signature Date

Date Received

Worksheet A - Wages Earned for Time Worked and Unpaid:

To be completed if you are claiming final wages, hours worked not paid, overtime, minimum wage, meal periods worked not paid.

For Allegations of Unpaid Wages (Regular or Overtime), Please Complete the Table Below.

If additional space is needed, please make copies as needed.

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Overtime Hours	Total Hours
Week 1	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 2	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 3	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 4	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									

Hourly Wage: _____ x Total Hours : _____ = Amount Earned At Regular Rate: _____

Overtime Wage: _____ x Overtime Hours : _____ = Amount Earned At Overtime Rate: _____

Amount Earned at Regular Rate: _____ + Amount Earned at Overtime Rate: _____ = Total Earned: _____

Total Earned: _____ - Total Paid: _____ = Amount Claimed: _____

Worksheet B – Overtime worked and unpaid:

To be used if you are claiming that you are owed for overtime that was not paid. NOTE: Overtime is paid for work performed in excess of 40 hours per workweek, 12 hours per workday, or 12 consecutive hours.

	Workweek Ending	Hourly Rate	Overtime Rate	Number of Overtime Hours	Amount Earned	Amount Paid	Amount Owed
1.		\$	\$		\$	\$	\$
2.		\$	\$		\$	\$	\$
3.		\$	\$		\$	\$	\$
4.		\$	\$		\$	\$	\$
5.		\$	\$		\$	\$	\$
6.		\$	\$		\$	\$	\$
7.		\$	\$		\$	\$	\$
8.		\$	\$		\$	\$	\$

Employer's Workweek (for example, Sunday through Saturday, Monday through Sunday, etc.): _____

Total Overtime Hours _____ x Overtime Rate _____ = Amount Claimed: _____

Worksheet C – Commission or Bonus:

To be completed if you are claiming you are owed wages for commissions or bonuses that were earned and unpaid. Provide a copy of the agreement if available. If additional space is needed, please make copies as needed.

1. WHEN ARE COMMISSIONS/BONUSES EARNED? (i.e., date of sale, date of delivery, or date of payment, etc.)	2. WERE COMMISSIONS/BONUSES SUBJECT TO RETURN, CANCELLATIONS, OR CHARGE BACKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
3. DID THE AGREEMENT CALL FOR A DRAW AGAINST COMMISSIONS/BONUSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. DID YOU SIGN A SEPARATION AGREEMENT? If yes, provide a copy. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. IF YOU ANSWERED YES TO #3, EXPLAIN:	6. WAS THERE A WRITTEN COMMISSION OR BONUS AGREEMENT? If yes, provide a copy. <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMISSIONS EARNED

Date of Sale	Name of Customer or Invoice/ Reference #	Amount of Sale	Rate of Commission	Amount of Commission Due	Date Commission Payable	Date and Amount Paid (if any)	Balance Due
Total Amount Owed:							\$

BONUSES EARNED

Description of Bonus, Including When It Was Earned	Date the Bonus Was Earned	Gross Amount Owed
Total Amount Owed:		\$