



CDLE
COLORADO
Department of
Labor and Employment

Colorado Division of Labor
Standards and Statistics
633 17th Street, Suite 600
Denver, Colorado 80202-2107
Telephone (303) 318-8441
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Toll Free (888) 390-7936
www.colorado.gov/cdle/labor

Office Use Only: CLAIM #: COMP INVESTIGATOR: DATE RECEIVED:

YOUTH LAW COMPLAINT

This form is used to report employers who may be in violation of the Colorado Youth Employment Opportunity Act. It must be filled in completely and signed and dated. Failure to do so will delay the processing of this complaint. If you have questions, please contact the Division by phone at 303-318-8441 or email at cdle_labor_standards@state.co.us.

Complainant Name
Mailing Address
City State Zip Code
Telephone # Email Address
Relationship to Minor: Self Parent Legal Guardian Other (explain)
Minor Name (if other than complainant) Age
Mailing Address
City State Zip Code
Telephone # Email Address

Type of Allegation (check all that apply)

- Work schedule / excessive work hours
Prohibited occupation
Work restrictions due to age of minor
Other (explain)

Summary of Complaint (Use additional sheets if necessary)

Employer Information

Employer Name Employer Contact
Mailing Address
City State Zip Code
Daytime Telephone # Alternate Telephone #
Employer's Website Email Address
Dates of Employment: From To

- Supporting Documentation: Pay Statements Paychecks
Time Cards Other Information

By signing this "Youth Law 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, 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 declare under penalty of perjury 18-5-501, et seq., C.R.S. that the information provided is true and correct.

Name Signature Date