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**COLORADO DIVISION OF LABOR STANDARDS AND STATISTICS**  
**EXPLANATION OF WAGE COMPLAINT APPEAL AND TERMINATION RIGHTS**

Any party can appeal a Compliance Investigator's determination. If you wish to appeal a determination, fill out the attached appeal form (2 pages) and return it to the Division.

**The Division must receive a valid appeal no later than 35 calendar days from the date of the determination. It cannot accept late appeals. If no valid appeal is received within 35 days of the date of the determination, the determination is final.**

**To be valid, your appeal must:** be written, timely, and signed; **explain a clear error** in the determination; and **not be frivolous**. An appeal is frivolous if it doesn't allege an error that could result in the reversal or modification of the determination or otherwise is manifestly insufficient or futile. Attach any new evidence that could help prove there is a clear error in the determination. You must show good cause for filing new evidence on appeal.

**If an employer wants a deadline postponed (stayed) pending an appeal decision, it must specifically request that in its appeal.** A determination may say that a failure to pay wages and penalties within 60 days results in an additional penalty and fine, may have a compliance order (an order to do something other than pay wages, penalties, or fines), or may set or trigger other deadlines. Unless it says otherwise, filing an appeal won't pause or put on hold those deadlines or requirements. You have to ask for that specifically, and you should do so as soon as possible, to give the Division sufficient time to address your request before the deadline. There is no guaranteed right to a stay or tolling.

**If the determination offered the employer reduced penalties and fines for paying wages and penalties promptly, an appeal filing won't extend the payment deadline(s) for that offer.**

**File your completed, signed appeal form and any new evidence.** You may file by mail, hand delivery, fax, email, or (if you created a portal account during the investigation) by using the online claim portal.

**Mail or hand delivery:**

Division of Labor Standards and Statistics  
633 17<sup>th</sup> Street, Denver, CO 80202  
**Fax:** (303) 318-8400  
**Email:** [cdle\\_ls\\_appeals@state.co.us](mailto:cdle_ls_appeals@state.co.us)

**Online portal:** (existing account-holders only)  
<https://socgov11-comm.force.com/LSCS/s/>

**The Division will notify you and the other party or parties of the date and time of the hearing** and other deadlines and instructions. The Hearing Officer may find that no hearing is needed (after giving the parties a chance to comment on this issue). **If there is a hearing, it will be by telephone.** During the hearing, all parties will be able to testify, present arguments, and question the other witnesses. The Hearing Officer can order the parties to testify or to produce documents and other evidence. The Hearing Officer can alter the determination only if there is a clear error of fact or law.

**Payment by Employer.** If the claimant accepts payment of the full amount of wages and penalties ordered in the determination, **s/he is not permitted to appeal.** If the employer takes an offer for reduced penalties and fines, in exchange for prompt payment of wages and reduced penalties, it can't appeal whether it owed the claimant those wages or penalties.

**The claimant may terminate the Division's investigative proceedings instead of appealing.** A request for termination must be received in writing by the Division within 35 days of the date of the determination. If the claimant terminates the proceedings: (1) the determination will be revoked, along with any related order to pay the claimant wages and/or penalties; and (2) neither party can appeal the determination (it will be as if it was never issued). The claimant will retain any right to file an action against the employer in court, but the determination will be inadmissible. The claimant may terminate the proceedings even if the employer has appealed.

**Questions?** Call the appeals staff at (303) 318-8442, or email [cdle\\_ls\\_appeals@state.co.us](mailto:cdle_ls_appeals@state.co.us). Staff may answer questions about the process, but may not discuss the facts of your case with you. Do not direct appeals-related questions to the Compliance Investigator who issued the determination.



**COLORADO DIVISION OF LABOR STANDARDS AND STATISTICS**  
**WAGE COMPLAINT APPEAL HEARING REQUEST FORM**

<b>Claim Number</b>	<b>Your Name</b>	<b>Email Address</b>
<b>Mailing Address</b>		<b>Telephone</b>
<b>Alleged Employer(s) Name(s)</b>		
1. _____		
2. _____		
3. _____		
The determination addressed whether an <b>individual</b> was liable to pay wages. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, and if you are filing on behalf of any alleged employer(s) (select <u>one</u> of the below options): <input type="checkbox"/> I represent a business/corporate entity named in the determination, and I am appealing only on its behalf. <input type="checkbox"/> I am an individual named in the determination, and I am appealing only on my behalf. <input type="checkbox"/> I am appealing on behalf of both the business/corporate entity and the individual(s) named in the determination.		
Has the claimant taken <b>legal action in court</b> against the employer in this matter?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure  If yes, case number:	Has the employer filed for <b>bankruptcy</b> ?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure  If yes, case number:	Do you need an <b>interpreter or other accommodation</b> ?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure  If yes, explain what you need:
<b>If you will be represented by a third party</b> , write their name, phone number, and email address below. If you have not already done so, file an Authorized Representative Form with the Division. The form can be found online at <a href="https://cdle.colorado.gov/file-a-wage-complaint">https://cdle.colorado.gov/file-a-wage-complaint</a> .		
<b>Describe the clear error in the determination</b> ( <i>i.e.</i> , why you are appealing). Attach additional pages if needed. If you have new evidence, attach it or explain what you plan to submit. If you do not attach new evidence now, then when you send it to the Division later, you must send a copy to the other party or parties. You must show good cause for not filing it during the investigation. 7 C.C.R. § 1103-7: Rule 6.3.		



**Only the alleged employer completes this box if they are requesting either a postponement (“stay”) of a compliance order as part of their appeal or tolling of a deadline applicable under (or triggered by the issuance of) the determination or order being appealed.** A compliance order is an order for the alleged employer to do or to stop doing something (aside from paying wages, penalties, and/or fines). If a compliance order is set to take effect before an appeal is decided, the alleged employer can request that it be put on hold (stayed) until the appeal is decided. **Many determinations do not include compliance orders, or will state that the filing of an appeal will toll the deadline at issue, in which case this box does not apply and can be left blank.**

If you want to ask for a stay or tolling, state your case here. Attach additional pages or evidence if needed. There’s no need to restate arguments you made on the prior page regarding why the determination should be reversed. If you have more arguments related to why you’ll face particular hardship if the compliance order isn’t stayed or if other deadlines aren’t tolled, however, make them here. These requests usually are decided based on written submissions, before any hearing. There are not likely to be further submissions or proceedings on this request beyond what you state here, along with any response(s) from other interested parties.

**The alleged employer must notify the other interested party/parties of this request.**

By signing below, **I certify** that, on or before today’s date, I sent a copy of this appeal filing, including this request and all attachments thereto, to **both**:

- (1) The claimant(s)/alleged employee(s), via (check one):  email  mail  fax  other \_\_\_\_\_; and
  - (2) The Division’s wage claim investigations team, via email to: [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us).
- (Sending an email to the individual Compliance Investigator who issued the order does not suffice for this purpose, nor does sending an email to the Division’s appeals email address.)

**Only the claimant (alleged employee) completes this box if they are appealing.**

If you are the claimant and you accept payment from the employer of all wages, compensation, and penalties ordered in the determination, you may not appeal. Affirm the following if you wish to appeal the determination.

- I have not already accepted such payment.
- I understand that if I do accept such payment, I will not be able to appeal.

**I understand** that any person providing false information to the Division of Labor Standards and Statistics may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both. **I declare** under penalty of perjury (C.R.S. § 18-8-501, *et. seq.*) that the information I provided is true and correct. If I am not the appealing party, **I certify** that I am acting on their behalf.

**Signature of the Person Appealing** (or authorized representative)

**Date**