



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 form on the back of this page and return it to the Division.

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

Fill out the form completely and sign it. Explain why you believe the determination contains a clear error. Attach any new evidence that could help you prove there is a clear error in the determination. You must show good cause for filing new evidence on appeal, instead of during the investigation.

Make copies before filing. Keep a copy of your completed appeal form and any new evidence.

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

Mail or hand delivery:

Division of Labor Standards and Statistics
633 17th Street
Denver, CO 80202

Fax: (303) 318-8400

Email: 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 related to the appeal process. The Hearing Officer can order the parties to testify or to produce documents and other evidence.

A Hearing Officer will conduct the hearing by telephone. During the hearing, all parties will be able to testify, present arguments, and question the other witnesses. The Hearing Officer can alter the Compliance Investigator's 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, the payment constitutes full and complete satisfaction, and **the claimant will not be permitted to appeal.** In the event of an appeal, the employer must pay any amount that is not in dispute in accordance with the Notice of Assessment. If the Division offers the employer an opportunity for reduced penalties and fines upon payment in accordance with the Notice of Assessment, an appeal filing does not extend the deadline for that offer.

The claimant may terminate the Division's investigative proceedings instead of appealing.

Any request for termination must be received in writing by the Division within 35 days of the date of the Compliance Investigator's determination. If you are the claimant and you choose to terminate the Division's proceedings, the Division will revoke the determination. If the determination ordered the employer to pay you wages and/or penalties, that order will be revoked. You will retain any right to file an action against the employer in court, but any Division determination will be inadmissible in any court action. If you terminate the Division's proceedings, neither you nor the employer can appeal the Compliance Investigator's determination. It will be as if the determination was never issued. You 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. Staff may answer questions about this 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

Claim Number	Your Name	Email Address
Mailing Address	Telephone Number	Alleged Employer(s) Name(s)
<p>The determination addressed whether an individual was liable to pay wages. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>If yes, and if you are filing on behalf of any alleged employer(s) (<i>select <u>one</u> of the below options</i>):</p> <p><input type="checkbox"/> I represent a business/corporate entity named in the determination, and I am appealing only on its behalf.</p> <p><input type="checkbox"/> I am an individual named in the determination, and I am appealing only on my behalf.</p> <p><input type="checkbox"/> I am appealing on behalf of both the business/corporate entity and the individual(s) named in the determination.</p>		
<p>Has the claimant taken legal action in court against the employer in this matter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>If yes, case number:</p>	<p>Has the employer filed for bankruptcy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>If yes, case number:</p>	<p>Do you need an interpreter or other accommodation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>If yes, explain what you need:</p>
<p>If you will be represented by a third party, 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 https://cdle.colorado.gov/file-a-wage-complaint.</p>		
<p>Only the claimant (alleged employee) completes this box if they are appealing.</p> <p>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.</p> <p><input type="checkbox"/> I have not already accepted such payment.</p> <p><input type="checkbox"/> I understand that if I do accept such payment, I will not be able to appeal.</p>		
<p>Describe the clear error in the determination (<i>i.e.</i>, why you are appealing). Attach additional pages if necessary. If you have new evidence, attach it or explain what you intend to submit. If you do not attach the 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 this evidence during the investigation. (7 C.C.R. § 1103-7: Rule 6.3.)</p>		
<p>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, <i>et. seq.</i>) 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.</p>		
Signature of the Person Appealing (or authorized representative)		Date

