



COLORADO DIVISION OF LABOR STANDARDS AND STATISTICS
COMBINED EXPLANATION OF APPEAL RIGHTS

This form is intended only for use for appeals of decisions issued by the Colorado Department of Labor and Employment regarding determinations of the **Chance to Compete Act** (C.R.S. § 8-2-130), **Social Media and the Workplace Law** (C.R.S. § 8-2-127, C.R.S.), **Employment Opportunity Act** (“Credit History Law” C.R.S. § 8-2-126), the **Equal Pay for Equal Work Act** (C.R.S. § 8-5-201), and the **Whistleblower, Anti-Retaliation, Non-Interference, and Notice-Giving Rules** (“WARNING Rules”) (7 C.C.R. § 1103-11). To appeal decisions relating to unpaid wages, use the Wage Complaint Appeal Form, which is available at <https://cdle.colorado.gov/wage-claim-appeal-faqs>.

Either party (complainant or employer) can appeal a 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 the appeal no later than 35 calendar days from the date of the determination. **The Division cannot accept late appeals. If no appeal is received by the applicable deadline, the determination is final.**

Fill out the form completely and sign it. Explain why you believe the determination contains an error. Attach any new evidence that could help you prove there is an error in the determination.

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

File your completed, signed appeal form and any new evidence. You may file by mail, hand delivery, fax, or email.

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

The Division will notify you and the other party 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.

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
COMBINED HEARING REQUEST FORM

Complaint number	
Your name (and company's name, if applicable)	Telephone number
Mailing address	Email address
<p>If you will be represented by a third party, write their name, address, 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>Has the employer filed for bankruptcy?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<p>Do you need an interpreter or other accommodation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, case number:	If yes, explain what you need:
<p>Describe the error in the Compliance Investigator's 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.</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

