



PLEASE COMPLETE THIS REQUIRED FORM:
EMPLOYER RESPONSE FORM

Pursuant to C.R.S. § 8-4-113(1)(b), the director shall impose a fine of \$250 on an employer who fails to respond to a Notice of Complaint or to any other notice from the division to which a response is required. To constitute a sufficient response, this response form must be completed in its entirety, attaching the required documentation listed in the Notice of Complaint, and returned by the required deadline noted in the Notice of Complaint.

The claimant may have alleged that there is an individual(s) who works for the employer who may be liable for this wage claim. If applicable, in addition to filling out this response form, you are also required to ensure that each named individual in the Notice of Complaint receives a copy of the Notice of Complaint, including all attachments. Additionally, the Individual Liability Questionnaire must be completed by each named individual.

Claim Number: _____ (as noted in the Notice of Complaint)

Your Preferred Contact Method (check all that apply): Mail Email

SECTION A: Employer Contact Information *(continues on the following page)*

You are required to notify the Division immediately if your contact information changes.

Contact Information for the Business		
Name of Business		
Corporation/DBA/Alias, if different than above		
Name of Contact/Agent for the Business	Title	
Mailing Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code
Email Address	Phone	
Number of Employees: <input type="checkbox"/> 25 <input type="checkbox"/> 25-100 <input type="checkbox"/> Over 100	Federal Tax ID Number (FEIN)	

Contact Information for the Allegedly Liable Individual

Name

Title

Mailing Address, if different from the one provided above

City

State

Zip Code

Email Address

Phone

The named individual was provided a copy of the Notice of Complaint, along with the attachments: Yes No

If yes, date sent: _____ If no, please explain why: _____

_____**SECTION B: Response to Wages Owed**

Check the option that applies.

Option 1: Wage Payment was sent to the claimant.

_____ I determined that the wages claimed were owed. The amount of wages claimed has now been paid.

Option 2: Wage Payment was sent to the claimant, but the amount believed to be due is not equal to the amount listed in the Notice of Complaint.

_____ I determined that the claimant was owed wages; however, the amount claimed is incorrect. I have paid the amount of wages that I believe was due to the claimant. I have attached the necessary proof of the wages that were earned and paid, including records of time worked, payments made, and any other records necessary to prove my position. Additionally, I have sent payment to the claimant of all wages that I, as the employer, in good faith, believe are due.

Option 3: Denied. No wages are owed.

_____ I believe that the claimant was not owed any wages. I have attached the necessary proof of the wages that were earned and paid including records of time worked, payments made, and any other records relevant to prove that all earned wages were paid.

SECTION C: Proof of Payment *(continues on the following page)*

If the wage payment was sent to the claimant, please fill out this section, and attach proof of payment.

Date sent: _____ Method of payment (check, direct deposit, etc.): _____

Gross wages paid: \$ _____ Net wages paid: \$ _____

Check number or bank of deposit, etc. _____

Method of delivery (mailed, hand-delivered): _____

If mailed, address payment was sent to: _____

SECTION D: Your Explanation

Below is my explanation of what wages I believe the claimant was owed, what wages were paid, and if Option 3 in Section B is checked, why no further wages are owed. Please attach additional pages if needed.

SECTION E: Attached Documentation

Please include with this completed form the required documentation listed in the Notice of Complaint. Please provide any additional documentation that supports your explanation, including but not limited to, that the claimant was paid all wages owed. Please attach additional pages if needed.

Please list the documentation attached:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SECTION F: Trade Secret Designation

The attached documentation may contain information designated as proprietary, a trade secret, or privileged information as defined in C.R.S. § 7-74-102(4), and should be treated as such. Please describe in your response the basis for your designation, and attach additional pages if needed.

Please list the documentation attached that may contain a trade secret:

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION G: Certification

1. I have read the Notice of Complaint and all attachments in its entirety, including any attached questionnaires.
2. I 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.
3. I hereby certify that this is a true statement regarding wages paid or owed to the claimant.
4. I understand that any information sent to the Division may be provided to the claimant and the claimant's agent, as well as other agencies or individuals as the Division deems appropriate and as allowed by law.
5. If applicable, I provided a copy of the Notice of Complaint and all attachments, including the Individual Liability Questionnaire, to each alleged individually liable party.
6. I declare under penalty of perjury (C.R.S. § 18-8-501, et seq.) that the information I provide is true and correct.
7. I understand I am required to notify the Division immediately if my contact information changes.

Name	Title/Position
Signature	Date

Please return this completed form and your supporting documentation to the Division:

Colorado Division of Labor Standards and Statistics
633 17th Street, Denver, Colorado 80202-2107
Fax: (303) 318-8400
Email: cdle_labor_standards@state.co.us