

Division of Labor Standards and Statistics

633 17th Street, Denver, CO 80202-2107

303-318-8441 | www.ColoradoLaborLaw.gov | www.LeyesLaboralesDeColorado.gov

Labor Peace Act

UNFAIR LABOR PRACTICE COMPLAINT

Under the Labor Peace Act ("LPA"), C.R.S. § 8-3-101 *et seq.*, a complaint alleging unfair labor practices may be filed with the Division of Labor Standards and Statistics ("Division") by a covered employee or employer and a labor organization. C.R.S. § 8-3-108 states specific "unfair labor practices" prohibited by the LPA and generally includes failure to comply with any provision of the statute. Labor Peace and Industrial Relations ("LPIR") Rule 6 outlines the process for filing an unfair labor practice, as well as the procedures for investigation, determination and remedies in the event of a violation. Although some employment-related activities may be viewed as unfair, they may not fall within the Division's jurisdiction. For guidance, refer to the Labor Peace and Industrial Relations ("LPIR") Rules and INFO #15A.

Section I: Charging Party (check one) EMPLOYEE Labor ORGANIZATION EMPLOYER				
Full Name (of individual or organization)				
Mailing Address				
City	State		Zip Code	
Telephone Number		Email Address		
Authorized Representative's Name (if applicable)				
Authorized Representative's Mailing Address				
City	State		Zip Code	
Authorized Representative's Telephone Number Authorized Representative's Email Address Authorized Representative's Email Address				
		1		
Section II: Charge Filed Against EMPLOYEE Labor ORGANIZATION				
	Емр	PLOYER		
Full Name (of individual or organization)				
Representative's Name/Title (if applicable)				
Mailing Address				
City	State		Zip Code	
Telephone Number		Email Address	1	

Note: If you believe more than one party violated the Act, you will need to submit a separate unfair labor practice complaint, even if the allegations are the same.

Colorado Division of Labor Standards and Statistics | 633 17th Street | Denver, Colorado 80202-2107 Main: (303) 318-8441 | Toll Free: 1-888-390-7936 | Fax: (303) 318-8400 | Email: cdle_laborrelations@state.co.us

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Section III: Employer Information
The employer is engaged in (type of business)
Number of persons employed by the employer
Number of persons employed by the employer
Work locations and number of persons employed by the employer in each location
Section IV: Description of the Alleged Unfair Labor Practices
Before completing Section IV, refer to Section 8-3-108 of the Labor Peace Act for a description of the unfair labor practices the Division has the authority to investigate.
The desired produces the Division has the admonty to investigate.
 STATEMENT OF THE CHARGE – The charging party alleges that the above-named respondent has engaged in (an) unfair labor practice(s) within the meaning of the Labor Peace Act. To the extent you can, please
indicate which subsections of C.R.S. § 8-3-108 you believe were violated to help the Division understand
whether your allegations fall within the LPA.
$\square(1)(a) \square(1)(b) \square(1)(c)(l) \square(1)(d) \square(1)(e) \square(1)(f) \square(1)(g) \square(1)(h) \square(1)(i) \square(1)(j) \square(1)(k) \square(1)(l)$
$\square(1)(m) \square(2)(a) \square(2)(b) \square(2)(c) \square(2)(d) \square(2)(e) \square(2)(f) \square(2)(g) \square(2)(h) \square(2)(i) \square(2)(j) \square(2)(k)$
\square (2)(I) \square (2)(m) \square (3)(a) \square (3)(b) \square (3)(c) \square (3)(d) \square (4)
□Other:(please specify)
2. BASIS OF THE CHARGE
Date(s) of alleged unfair labor practice(s).
Date(s) you were made aware of the alleged unfair labor practice(s).
Name(s) of individual(s) involved.
Name(s) of witnesses to the alleged unfair labor practice(s).
Location(s) of alleged unfair labor practice(s).

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Please describe what happened in a clear ar	and concise statement. (Use and attach additional pages if necessary)
3. RELIEF OR REMEDY SOUGHT BY CHA	ARGING PARTY - State what you ask the Division to order if it finds that an
unfair labor practice occurred.	
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I declare under penalty of perjury, § 18-8-correct.	5-501 et seq., C.R.S., that the information I have provided is true and
correct.	Please email, fax, or mail this
Observing Party City	complaint to the address below
Charging Party Signature	Date

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