



Labor Standards Complaint Form

This is the Colorado Division of Labor Standards and Statistics' complaint form. This form can be used for claims for unpaid wages; rest, meal, and sick leave not provided or not paid; agricultural labor rights violations; and certain types of retaliation. The Division's process is a free service available to employees, regardless of immigration status, who do not have an ongoing claim in court.

If you have documents to support your claim, please include them with this form when you submit it. Examples of helpful documents include pay statements, texts and emails to the employer, time cards, handbooks, agreements, etc.

Please be aware this process will take several months to complete, and it may be some time before the Division contacts you. The Division will contact you when we start our review of your complaint.

For more information about the laws enforced by the Division, the Division's complaint process, or for other questions, you can contact the Division by phone at 303-318-8441 or 1-888-390-7936 (toll free). Our call center hours of operation are Monday, Wednesday, Friday 9:00 am to 4:00 pm, and Tuesday, Thursday 9:00 am to 1:00 pm. You may also visit our website at www.coloradolaborlaw.gov or email cdle_labor_standards@state.co.us. The Division's mailing address is 633 17th Street Denver, Colorado 80202-2107.

Type(s) of Complaints

Please review the following Claim Types before selecting and adding all those that apply to your Claim. For further information about the laws over which the Division has authority, go to www.coloradolaborlaw.gov.

Use the descriptions below to help you decide what type of complaint you should file. In the sections that follow, for each Claim Type(s) and subtype(s) that you select, you will be asked to provide additional information.

Monetary

- Final Wages Not Paid: You no longer work for the employer, and have not been paid all final wages owed.
- Wages for Work Performed Not Paid: You were paid for some, but not all of the work that you performed for the employer, and your wages were owed before your most recent paycheck.
- Overtime Not Paid: You are entitled to overtime, but were not paid the correct overtime rate of pay.
- Minimum Wage Not Paid: You are entitled to the minimum wage, but did not receive the minimum wage for time worked.
- Meal Periods Worked, Not Paid: You worked through a meal period, but the employer did not count the time worked in the total number of hours worked.
- Rest Periods Not Provided: You were not given your required breaks/rest periods.
- Commission Not Paid: Your commissions were not paid as you agreed with the employer.
- Bonus Not Paid: Your earned bonus was not paid as you agreed with the employer.
- Vacation Pay/PTO Upon Separation Not Paid: You have earned, unused vacation pay/PTO that the employer did not pay you when you left employment.
- Deductions not Permitted by Law: The employer made deductions from your wages not permitted by law.
- Bounced Paycheck: Your paycheck from the employer was not honored by the bank.
- Tips Not Paid: Tips belonging to you were not paid, were shared with others who should not receive tips, or the employer kept a portion without following the requirements of the law.
- Sick Pay: You took time off of work for reasons allowed under HFWA, and you were not paid for that time.
- Other Unpaid Wages.
- Wage claims (of any of the above types) that you file for yourself and on behalf of other employees with a similar claim against the same employer.

Agricultural Labor Conditions

- Heat Rules: The employer did not follow heat rules about shade, water, or rest on a hot day, or rules about training, heat safety plans, or fans during a hot year. Most rules apply when it is 80°F or more that day or that year, but more rules apply during some work (e.g., at 95°F or during your first 4 days of work). See [INFO #12C](#).
- Service Providers, Visitors, Transportation Access: The employer did not let you see a service provider (e.g., a

doctor, promotora, lawyer, teacher, religious leader), did not let you see a visitor (if you live in the employer's housing), did not provide you with transportation to town, did not give you a message left for you, or did not give you a break to talk to or see a service provider during a long week. See [INFO #12B](#). If you are a service provider not given access to employees, select this option.

- Tool Use, Hand-Weeding/Hand-Thinning: The employer made you use a short-handled hoe, made you do hand-weeding or use a short-handled tool that is not allowed, or did not give you gloves and knee pads for hand-weeding. See [INFO #12C](#).
- Public Health Emergency Rights: During a public health emergency, there was not enough space in the housing provided by the employer, the employer did not give you safety training, or the employer did not give you information about safety advice during the emergency. See [INFO #12C and #12D](#).

Retaliation and Interference Claims

- Agricultural Labor Rights: you were retaliated against for using rights or protections for agricultural workers (such as service provider access, housing requirements, or limits on certain tool use), or making a complaint about or helping with an investigation related to those rights; or were prevented from using those rights. See [INFOS #12-12D](#) for more information.
- Healthy Families and Workplace Act (HFWA): you were retaliated against for using or trying to use or defend rights to sick leave, telling another employee about or helping them use sick leave, or making a complaint about or helping with an investigation related to these rights; or were prevented from using those rights. See [INFO #6B](#) for more information.
- Protected Health/Safety Expression and Whistleblowing (PHEW) Law: at the workplace, you were retaliated against for wearing your own personal protection equipment, raising a concern about a health and safety threat or law not being followed, or making a complaint about or helping with an investigation related to these rights; or were prevented from using those rights. See [INFO #5](#) for more information.
- Wages: you were retaliated against for making or filing a wage complaint about or helping with an investigation.
- Other: you were retaliated against for using or defending rights or protections under a law enforced by the Division not covered above.

Non-Monetary

- Wages Paid But Not Timely: The employer has now paid wages, but the wages were not paid on the regular paydays or as required by law.
- Itemized Pay Statement Not Provided: The employer did not provide itemized pay statements as required by law.
- Meal Period Violations: You are not permitted meal periods as required by law.
- Other Non-Monetary Claim.

Documents to Include

IMPORTANT! Please include copies of all documents you have that will help the Division understand your complaint when you submit it. Do NOT submit originals. These might include:

- Pay Statements
- Emails or Text Messages with the Business About the Issue
- Complaints You Made to the Business About the Issue
- Employment Handbooks or Policies
- Any Signed Agreements
- Written Commission Agreement
- Any other files that are relevant to the Claim

Please complete all fields marked with an asterisk (*) that are relevant to your claim(s). You do not need to fill out, or print, Sections that do not relate to your complaint. Don't forget to include your signature on page 25.

Note: Screen reader support enabled for this form.

Section A: Claimant Information <i>(Please fill in this information about the person with the claim.)</i>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Ind.	First Name*	Last Name*
Email		
Phone		Phone 2
Is it okay for the Division to send text messages?* <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, to what cell phone number?*
Mailing Address (Street/PO Box) <i>(This is the address where mail is sent to you. Sometimes this is different than the physical address where you live.)</i>		
City		State Zip Code
What language do you prefer to use?* <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		
If "Other," do you need an interpreter?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the language needed*:		How would you like to receive written communications from the Division? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both

Section B: Authorized Representative <i>(If you do not have an authorized representative, please skip to Section C.)</i>		
<p>You can choose to have someone called an "Authorized Representative" help you with your claim. This could be an attorney, a relative or friend, an organization, or anyone else who you want to help you file the claim, answer questions from the Division during the investigation, or make decisions about the claim. By having and authorizing a representative, you are allowing 1) the Division to request or share information and documents about this claim to the representative; 2) the representative to share information and documents to the Division; and 3) the representative to make decisions for you about this claim.</p> <p>Add as many Authorized Representatives as you need to help you with this claim. To add additional Authorized Representative(s), please print and complete additional copies of Section B (page 3) of this form.</p>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Ind.	First Name*	Last Name*
Name of Organization		Authorized Representative Relationship
Phone		Phone 2
Email		Fax Number
Mailing Address (Street/PO Box)		
Mailing City		Mailing State Mailing Zip Code
By adding this Authorized Representative, I have read and understood the conditions under the Authorized Representative section of this form and authorize the Division to interact with the individual/organization listed as my authorized representative.* <input type="checkbox"/> I agree and allow this person to be my Authorized Representative.*		

Section C: Employer Information (To add multiple employers to your claim, please print and complete additional copies of Section C (page 4).)

Name of Business or Employer*		Business Type: What does the employer do or sell?*	
Business Mailing Address (often found on pay statements or paychecks)			
Mailing City		Mailing State	Mailing Zip
First Name of Person In Charge		Last Name of Person In Charge	
Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		Total Number of Employees (if known)	Total Number of Contractors (if known)
Worksite Address			
Address where you worked (if different from employer's mailing address)			
Worksite City		Worksite State	Worksite Zip Code
Employer Phone and Email Addresses			
Phone		Phone Type <input type="checkbox"/> Work <input type="checkbox"/> Daytime <input type="checkbox"/> Cell <input type="checkbox"/> Alternate <input type="checkbox"/> Other	
Phone 2		Phone 2 Type <input type="checkbox"/> Work <input type="checkbox"/> Daytime <input type="checkbox"/> Cell <input type="checkbox"/> Alternate <input type="checkbox"/> Other	
Email		Email Type	
Email 2		Email 2 Type	

Section D: Individual Liability (People Who Control the Business) Responsible for Your Complaint (If you are not filing a complaint against an individual in addition to a business, please skip to Section E.)

A worker can file complaints against businesses as well as against people with enough control over the businesses
Control can be:

- 1) did the person have the power to fire you, and hire a replacement?
- 2) did the person create your work schedule?
- 3) did the person set your pay rate?
- 4) did the person keep your employment records? and/or
- 5) did the person have the power to make financial decisions for the business?

If you believe a person has enough control, the Division can add them to the investigation and determine whether the business and the person are both responsible for your complaint. To add additional individuals, please print and complete additional copies of Section D (pages 4-5) of this form.

I would like the business and this person to be named in the investigation.

First Name*	Last Name*
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Title		Role*	
Mailing Address			
City		State	Zip Code
Phone		Email	

Section E: Employment Information

An agricultural worker performs farming services or activities, including harvesting or growing crops, caring for livestock or poultry, and packing or preparing crops for market; or who works on a farm (or for a farmer) doing work related to the farm's operations.

Are you an agricultural worker, or does this complaint relate to an agricultural worker?*

Yes No I need help answering

If "yes," what is your relationship to the employee(s)/worker(s)?*

Self Service Provider Whistleblower Other (e.g., Family, Care/Support Provider, Co-Worker)

If "other," please describe your relationship to the employee(s)/worker(s).

Job Title/Position*

Does the employer say you are an independent contractor, or did you receive a tax form 1099?*

Yes No I don't know

Describe what you did for the employer.*

Date you started working for the employer*

Are you still working for the employer?* Yes No

If no, reason for separation*

Terminated/Laid Off Quit/Retired Other:

If no, last date worked*

Section F: Payment Information

Current or Final Rate of Pay

My pay rate is per:

Day Month Twice per month
 Every other week Other (explain) Week
 Hour Piece Year

If "other," Other Rate Type

How often were you paid? (Note: "Every other week" and "Twice per month" are not the same. Please call the Division if you have questions. If "Other Rate" is selected, please enter description in the field below.)

Daily Every other week Monthly Other (explain) Twice per month Weekly

If "other," please explain how often you are/were paid by your employer.*			
Were you paid bonuses, commissions, or tips? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Set Workweek ("Workweek" means any consecutive set period of 168 hours (7 days) starting with the same calendar day and hour each week.) <input type="checkbox"/> Monday to Sunday <input type="checkbox"/> Thursday to Wednesday <input type="checkbox"/> Sunday to Saturday <input type="checkbox"/> Tuesday to Monday <input type="checkbox"/> Friday to Thursday <input type="checkbox"/> Unknown <input type="checkbox"/> Wednesday to Tuesday <input type="checkbox"/> Saturday to Friday		
How many days do/did you usually work during a workweek?*	How many hours do/did you usually work during a workday?*	Date of most recent paycheck that you received (include copy if available)	Have you filed a complaint or case in court?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint Filed (If you have NOT filed a complaint or case in court, please skip to Section G.)			
If "yes," on what date did you file the complaint or case in court?*	In what state did you file a complaint or case in court?*	What was the result of the complaint or case you filed in court?*	

Section G: Type(s) of Complaint
Step 1: Select one or more Claim Type(s)* (See pages 1-2 for more information)
<input type="checkbox"/> Monetary <input type="checkbox"/> Agricultural Labor Conditions <input type="checkbox"/> Retaliation and Interference Claims <input type="checkbox"/> Non-Monetary
Step 2: Select sub-types for every claim type you selected*
Monetary Claim Types (Select all that apply): <input type="checkbox"/> Final Wages Not Paid <input type="checkbox"/> Meal Periods Worked, Not Paid <input type="checkbox"/> Bonus Not Paid <input type="checkbox"/> Bounced Paycheck <input type="checkbox"/> Wages for Work Performed Not Paid <input type="checkbox"/> Vacation Pay/PTO Upon Separation Not Paid <input type="checkbox"/> Tips Not Paid <input type="checkbox"/> Overtime Not Paid <input type="checkbox"/> Rest Period Not Provided <input type="checkbox"/> Deductions Not Permitted by Law <input type="checkbox"/> Sick Pay <input type="checkbox"/> Minimum Wage Not Paid <input type="checkbox"/> Commission Not Paid <input type="checkbox"/> Other Unpaid Wages
Agricultural Labor Conditions Claim Types (Select all that apply): <input type="checkbox"/> Heat Safety Rules <input type="checkbox"/> Tool Use, Hand-Weeding/Hand-Thinning <input type="checkbox"/> Access to Service Providers, Visitors, Transportation, or Housing <input type="checkbox"/> Public Health Emergency Rights in Agriculture
Retaliation and Interference Claim Types (Select all that apply): <input type="checkbox"/> Agricultural Labor Rights <input type="checkbox"/> HFWA <input type="checkbox"/> PHEW <input type="checkbox"/> Wages <input type="checkbox"/> Other
Non-Monetary Claim Types (Select all that apply): <input type="checkbox"/> Wages Paid But Not Timely <input type="checkbox"/> Meal Period Violations <input type="checkbox"/> Itemized Pay Statement Not Provided <input type="checkbox"/> Other Non-Monetary Claim
Claim Forms Location(s)
Please go to the following sections for your Claim Type(s) selected:* Monetary Claim(s) are located in Section H through Section J (pages 7-11) Agricultural Labor Condition Claim(s) are located in Section K (pages 12 -13) Retaliation and Interference Claim(s) are located in Section L through Section P (pages 14-22) Non-Monetary Claim(s) are located in Section Q (page 23) Additional details about your claim (all claim types) can be added in Section R (page 24) *Signature required to file your claim (all claim types) is located in Section S (page 25)

Section H: Monetary Claim Type (Please fill out this section ONLY if you have selected a Monetary Claim Type. Fill out a description for EACH sub-type of Monetary Claim Type you selected. If you do NOT have a Monetary Claim Type, please skip to Section K.)

Monetary Claims Details

Please provide information about your Monetary Claim(s)*

Calculation Details

Explain what amount(s) you believe you are owed and why. Please provide dates, hours worked, amounts earned/paid, and the rate of pay (hourly, salary, bonus, commission, tips) to show your math. If you can't provide an exact amount, please provide an estimate and explain how you estimated that amount.

If you have multiple claims, provide separate amounts and explanations for each type and a single total amount. (e.g. \$500.00 in final pay and \$500.00 in unpaid overtime = \$1,000.00 total amount claimed). Please include any records you have that support your claim or will help the Division understand your claim (e.g., time records, company policies, pay stubs, etc.) when you submit this form.

PLEASE NOTE: The Division cannot accept claims for more than \$7,500.00 per employee. If you believe you are owed more than \$7,500.00 and you want to move forward, you may only claim \$7,500.00 in wages.

Total Amount Claimed*

Calculation details*

Calculation Examples

1. I was paid a salary of \$1,800.00 twice a month, and I was not paid for my last week and 3 days of work. I am owed \$1,329.22 in final wages.

$$\text{\$1,800.00 bi-monthly salary} \times 2 = \text{\$3,600.00 monthly salary}$$

\$3,600.00 monthly salary x 12 = \$43,200.00 annual salary
 \$43,200.00 annual salary / 52 weeks = \$830.77 weekly salary
 \$830.77 weekly salary / 5 days worked per week = \$166.15 daily salary

1 week = \$830.77 weekly salary owed for week one
 3 days = \$166.15 daily salary x 3 days = \$498.45 owed for week two
 \$830.77 + \$498.45 = \$1,329.22 owed

2. I was not paid properly for my overtime. I am not sure how many hours I worked each week, but my best guess is that I worked on average 45 hours per week and I was only ever paid \$15.00 for all hours worked. My first day was July 6, 2020 and I quit on December 4, 2020. I am owed about \$825.00 in unpaid overtime.

\$15.00 hourly rate x 1.5 = \$22.50 overtime rate.

40 hours x \$15.00 regular rate = \$600.00 regular earned per week
 5 hours x \$22.50 overtime rate = \$112.50 overtime earned per week.

\$600.00 + \$112.50 = \$712.50 total earned per week
 \$712.50 total earned per week x 22 weeks worked = \$15,675.00 total earned

45 hours worked per week x \$15.00 paid = \$675.00 paid per week
 \$675.00 paid per week x 22 weeks worked = \$14,850.00 total paid

\$15,675.00 earned - \$14,850.00 paid = \$825.00 owed

3. I was not paid my vacation pay when I was fired. My weekly salary was \$875.00 and I had 56.2 hours of unused vacation. I am owed \$1,229.66 in an unused vacation.

\$875.00 weekly salary / 40 average hours worked per week = \$21.88 pro-rated hourly rate
 \$21.88 pro-rated hourly rate x 56.2 unpaid vacation hours = \$1,229.66 owed.

Written Demand for Payment of Wages

You may send a written demand for payment of wages to the employer for owed wages after they are due. If full payment is not made within 14 calendar days after the written demand is sent, the employer may have to pay penalties in addition to owed wages. If you did not send a written demand, the first letter from the Division to the employer is the written demand.

The Division provides a Written Demand for Payment of Wages form on the Division's website that you can choose to use. This can be found at www.coloradolaborlaw.gov, then click on the "Demands, Complaints, Responses, & Settlements" button, and look for the Worker Forms / Formas de Trabajador (Complaints, Demands, Settlements) section. You do not need to use this form to send a demand - a demand can also be a text message, email, or letter to the employer asking for payment of wages, and can be sent on behalf of other employees along with you. Please keep proof of how and when your demand was sent (e.g., mail receipt, email, text message).

Written Demand Details

Did you, or someone who was helping you, mail, email, text, or deliver a written demand to the employer after you were not paid your wages (or were paid them late)?* Yes No I don't know

Date Demand Sent to Employer

Address, email, or phone number where your demand was sent or delivered

Date of Employer's Response, if any

Employer Reason for Not Paying Wages, if any

Section I: Bonus/Commissions (Please fill out this section ONLY if you have selected "Commission Not Paid" or "Bonus Not Paid" as a Monetary Claim Type.)

Commission and Bonus Details

Was there a written commission or bonus agreement? (If so, please include a copy with your complaint.)*

Yes No

When are commissions and bonuses earned? (e.g., date of sale, date of delivery, date of payment)?*

What was the rate you were paid for your commissions or bonus?*

If an order or product was returned, canceled, or not acceptable to the customer, was your commission or bonus canceled, reduced, or returned (a "charge back")?*

Yes No

Commissions Earned and Not Paid (Please fill out this section ONLY if you have selected "Commission Not Paid" as a Monetary Claim Type.)

Please provide any available information on commissions you are owed. This could include customer names, invoice numbers, details about any monthly draw, and the amounts that you believe are owed.*

Bonuses Earned and Not Paid (Please fill out this section ONLY if you have selected "Bonus Not Paid" as a Monetary Claim Type.)

Please provide the amounts involved and detail the goals that you believe you met or exceeded to earn the bonuses that you are claiming.*

Section J: Paid Sick Leave (Please fill out this section ONLY if you have selected "Paid Sick Leave" as a Monetary Claim Type.)

If your claim is for paid sick leave, please select when you took your sick leave. If your sick leave was taken in both 2020 and 2021 or later, select both options.*

- I took sick leave and was not paid in 2020 I took sick leave and was not paid in 2021 or later

Sick Leave Taken in 2020 (Please fill out this section ONLY if you have selected "I took sick leave and was not paid in 2020.")

Until December 31, 2020, most employers in Colorado, regardless of size, were required to provide up to two weeks (80 hours) of paid leave, depending on the number of hours regularly worked by the employee, if the employee:

- Had COVID-19 symptoms and was seeking a medical diagnosis,
- Was told by a government agent (federal, state, or local), or a health provider, to quarantine or isolate due to a risk of COVID-19, or
- Needed to take care of:
 - someone who was told to quarantine or isolate by a medical provider or government agent due to COVID-19, or
 - a child whose school, place of care, or child care was closed or unavailable due to COVID-19.

If you were denied paid leave that was taken in 2020 for one of the reasons above, please complete the questions below.*

What days did you miss work that you were supposed to work?*

Select all that apply:*

- I had COVID-19 symptoms and was trying to get tested or waiting for results of a test.

Dates of COVID symptoms*

Name of Medical Provider (for example, the doctor or clinic you went to for care).*

- I was told by a government agent or agency (federal, state, or local), or a health provider, to quarantine or isolate due to a risk of COVID-19.

When were you told to quarantine or isolate?*

What was the name of the medical provider or the government agent or agency who told you to quarantine or isolate?*

I needed to take care of (1) someone who was told to quarantine or isolate by a medical provider or government agent due to COVID-19, or 2) a child whose school, place of care, or child care was closed or unavailable due to COVID-19.

Who did you ask for leave to care for (for example, your children, your spouse, your parent)?*

What were the dates that you wanted to miss work to care for the individual(s)? Include the first and last date of the leave that you asked to take.*

Describe any proof you gave to your employer regarding the leave you asked to take (including emails, text messages, letters, etc.)? Remember to include a copy when you submit your complaint.*

Sick Leave Taken in 2021 or Later (Please fill out this section ONLY if you have selected "I took sick leave and was not paid in 2021 or later.")

Beginning January 1, 2021, employees earn 1 hour of paid sick leave for every 30 hours worked, up to 48 hours per year. The employee has a right to use their earned paid sick leave for many reasons.

Who did you take or ask to take leave for?*

- A Family Member
- Yourself

Why did you take or ask for leave? Select from the list below:*

- Reasons related to COVID-19
- A mental or physical illness, etc.
- Getting medical care to prevent or find problems
- Abuse, assault, or harassment
- A government agent or agency closed my work or my child's place of care.
Name of agent or agency (please attach a copy of the order with your complaint):

What days did you miss work that you were supposed to work?*

Explain why you needed leave.*

When did you first tell the employer that you needed leave? How did you tell your employer that you needed leave (e.g., text message, in person, email, over the phone)?*

Section K: Agricultural Labor Conditions Claim Types (Please fill out this section ONLY if you have selected an Agricultural Labor Conditions Claim Type. If you do NOT have an Agricultural Labor Conditions Claim, please skip to Section L.)

You indicated that the employer violated rules or rights related to agricultural labor conditions under the Agricultural Labor Relations Act (ALRRA), and/or Agricultural Labor Conditions Rules (i.e., heat safety, service provider/visitor/transportation access, tools or hand-weeding/hand-thinning, or public health emergency rights in agriculture).

Please answer the following questions about the rule(s) or right(s) that were violated.

If you are a service provider who was denied access to employees, use this form, and complete relevant questions.

Heat Safety Rules

Types of heat rule(s) violated (check all that apply):*

- | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Training |
| <input type="checkbox"/> Shade | <input type="checkbox"/> Safety plan/procedures |
| <input type="checkbox"/> Rest (including extra rest in increased risk conditions) | <input type="checkbox"/> Fans in employer-provided housing |
| <input type="checkbox"/> Notice of rights in increased risk conditions | <input type="checkbox"/> Other |

Access to service providers, visitors, transportation, or housing

Rule(s) or right(s) violated (check all that apply):*

- Service provider access
- Visitor access at employer-provided housing
- Transportation to services for workers in employer-provided housing
- Access to housing
- Communication access
- 1 hour break to communicate with service provider if 40+ hours worked
- 1 hour paid break for service provider access if 60+ hours worked (2 breaks if 70+ hours worked)
- Other

Tool Use or Hand-Weeding/Hand-Thinning

Rights violated (check all that apply):*

- Short-handled hoe use required
- Hand-weeding/hand-thinning required
- Gloves/knee pads not provided for hand-weeding, hand-thinning, or hand hot-capping
- Other

Public Health Emergency (PHE) Rights in Agriculture

PHE rule(s) or right(s) violated (check all that apply):*

- Square footage in employer-provided housing
- PHE guidance materials/Colorado Legal Services contact information not provided
- PHE safety training not provided
- Other

Agricultural Labor Conditions Claim Description

Date(s) the violation(s) happened.*

Describe what happened.*

Name(s) and title(s) of person or people who were responsible for the violation(s)

What reason(s), if any, did the employer give for its action(s) or failure to meet the requirements?

Describe what you hope happens because of this complaint (e.g., damages such as back pay for time you were out of work because of the employer's actions, for the employer to stop taking this action against employees)*

Section L: Retaliation and Interference Claim Types (Please fill out this section ONLY if you selected a Retaliation Claim Type. If you do NOT have a Retaliation Claim, please skip to Section M.)

If you had multiple positions with the business, list your titles and the dates you held the positions

Have you filed a complaint with another government agency (e.g., OSHA, CDPHE, CCDR, EEOC)?*

- Yes I don't know
 No

If yes, what is the name of the agency?*

If yes, when did you file the complaint with the agency?*

How were you retaliated against?*

- | | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I was fired or terminated | <input type="checkbox"/> I was harassed in the workplace (this may include threats) | <input type="checkbox"/> The business retaliated against me or harassed me outside of the workplace (e.g., reported me to immigration, made threats to me at my home) |
| <input type="checkbox"/> My pay was cut | <input type="checkbox"/> Business asked me to agree not to tell others about health and safety practices or hazards at the workplace | <input type="checkbox"/> I experienced another type of retaliation |
| <input type="checkbox"/> I was denied a promotion | | |
| <input type="checkbox"/> My hours were changed | | |
| <input type="checkbox"/> I was disciplined | | |

Date(s) you were retaliated against.*

Describe what happened.*

Do you think the business or employer knew about your activity that was protected by law? Yes No I don't know
If yes, explain why you think the business knew.*

Name(s) and title(s) of person or people who retaliated against you.*

What reason(s) did the business give for its action(s), if any?*

What do you think was the (actual) reason for its action(s)?*

Describe what you hope happens because of this complaint (e.g., backpay for time you were out of work because of the retaliation, to receive a Notice of Right to Sue letter so you can bring your case in court, for the business to stop retaliating against workers).*

Are you interested in a settlement with the business?*

- Yes
- No
- I don't know

Have you found another job?*

- Yes
- No

If yes, please fill out the following information about your new employer:*

Name of Your New Employer*:

Start Date*

Rate of Pay with New Employer*

New Employer Pay Rate is Per:*

- Day
- Hour
- Week
- Month
- Year
- Piece
- Other (Explain)
- Every Other Week
- Twice per Month

If you selected "Other" pay rate, please explain*

Section M: PHEW Retaliation *(Please fill out this section ONLY if you have selected “PHEW” as a Retaliation Claim Type.)*

You indicated that you were retaliated against at the workplace for wearing your own personal protection equipment (PPE), sharing a concern about a health and safety threat or law not being followed, making a complaint about or helping with an investigation related to these rights; or were prevented from using those rights. Please answer the following questions about Retaliation under the Protected Health/Safety Expression and Whistleblowing Act (“PHEW”).

Why did the business retaliate against you? *(Please check all that apply.)**

I tried to wear my own personal protection equipment (“PPE”).

What PPE did you try to wear or use?*

Did the business provide the same kind of PPE (even if you chose not to wear it)?* Yes No I don't know
Why did you want to wear your own PPE instead of the business's PPE (if they had any)?*

What reason(s) did the business give for not letting you wear or use your own PPE, if any?*

I shared a concern about a violation of health and safety laws, or any serious workplace threat to health and safety.

What did you share concern(s) about?*

Who did you share your concern(s) with (name and title)?*

Please describe when and how you shared your concern, and what you said. If it was in writing, remember to include a copy when you submit your complaint.*

Did the business do anything after you shared your concern(s)?* Yes No I don't know
If yes, please explain what the business did.*

I opposed the business's violation of protected health/safety expression and whistleblowing rights, or opposed the business not giving notice of worker rights under the PHEW Act (e.g., not putting up a poster about protected health/safety expression and whistleblowing rights).

What did the business do that you opposed?

*

Please describe how you opposed the business's actions (e.g., dates, who was involved, what you did). If in writing, remember to include a copy when you submit your complaint.*

I participated in an investigation about PHEW Act rights or about an employer not giving notice of worker rights under the law (e.g., not putting up a poster about protected health/safety expression and whistleblowing rights).

What kind of investigation did you help with or participate in? Please include as much information about the investigation as you can (e.g., dates, who was involved).*

How did you participate (e.g., filed a complaint, provided information, testified)?

Is there a poster in your workplace (in a place where you could/can easily see it), that explained your rights under PHEW?*

Yes No I don't know

Section N: HFWA Retaliation (Please fill out this section ONLY if you have selected "HFWA" as a Retaliation Claim Type.)

You indicated you were retaliated against for using or trying to use or defend rights to sick leave, telling another employee about or helping them use sick leave, or making a complaint about or helping with an investigation related to these rights; or were prevented from using those rights. Answer the following questions about Retaliation under the Healthy Families and Workplace Act (HFWA).

If you have any documents to support your claim, please include them when you submit your complaint.

Why did the business retaliate against you? (Please check all that apply.) *

I took, or tried to take, paid sick leave.

Why did you take or ask for the days off?*

How did you tell your employer you would need sick days off? Explain when and how you told the employer (e.g., in person, by text), who you asked, and what you said.*

Did the employer say you could take the days off? Please explain what they said, who said it, and when they said it.*

Did you actually take the days off?* Yes No
Please list the date(s) you took the day(s) off.*

Did your employer ask for proof of why you took sick days off?* Yes No

If yes, please include a copy of the employer's request with your complaint. If it was not in writing, or if you do not have a copy, please explain what the employer asked for (e.g., a doctor's note), and when they asked for it.

I told another employee about their right to paid sick leave under HFWA, or helped them take paid sick leave.

Who did you help or give information to? Please provide their name and contact information.*

Please describe how you told another employee about their right to paid sick leave or helped them take it.*

I participated in an investigation about paid sick leave under HFWA or about an employer not giving notice of worker rights under the law (e.g., not putting up a poster about paid sick leave rights).

What kind of investigation did you help with or participate in? Please include as much information about the investigation as you can (e.g., dates, who was involved).*

How did you participate (e.g., filed a complaint, gave information, testified)?*

Is there a poster in your workplace, (in a place where you could/can easily see it), that explained your rights under HFWA*?

Yes No I don't know

Did you receive a written notice from your employer that explained your rights under HFWA*?

Yes No I don't know

Section O: Agricultural Labor Rights Retaliation (Please fill out this section ONLY if you have selected "Agricultural Labor Rights" as a Retaliation Claim Type.)

You indicated that you were retaliated against for using or defending, or trying to use or defend agricultural labor rights under the Agricultural Labor Relations Act (ALRRA), and/or Agricultural Labor Conditions Rules. See [INFOS #12-12D](#) for more information about protected rights, and about retaliation claims about these rights. Please answer the following questions about this retaliation or interference.

Why did the employer retaliate against you? Please check all that apply.*

I used, or tried to use, agricultural labor rights (e.g., spoke with a service provider during a break, tried to take a cool-down rest during a hot day).

What rights did you use, or try to use?*

How did the employer respond?*

Were you able to use the right(s)?* Yes No

Please explain how you were able to use the rights, or why you were not able to use them if you were not able to do so.*

I participated in an investigation about agricultural labor rights, or about an employer not giving notice of worker rights under the law (e.g., not putting up a poster about agricultural labor rights).

What kind of investigation did you help with or participate in? Please include as much information about the investigation as you can (e.g., dates, who was involved).*

How did you participate (e.g., filed a complaint, gave information, testified)?*

I opposed the employer's violation of agricultural labor rights, or opposed the employer not giving notice of worker rights under the law (e.g., not putting up a poster about agricultural labor rights).

What did the employer do that you opposed?*

Please describe how you opposed the employer's action(s) (e.g., dates, who was involved, what you did).*

I took other action(s) related to, or the employer interfered with, rights under the ALRRA and/or the Agricultural Labor Conditions Rules.

Describe what action you took, or what agricultural labor rights the employer interfered with.*

Describe how the employer responded to you.*

Section P: Wages or Other Types of Retaliation *(Please fill out this section ONLY if you have selected "Wages" or "Other" as a Retaliation Claim Type.)*

You indicated you were retaliated against for using or defending rights or protections under a law enforced by the Division. Please answer the following questions.

Why did the business retaliate against you? Please check all that apply.*

- I made a complaint, or participated in an investigation, hearing, or other event, related to wage and hour rights.

What kind of complaint did you make, or what hearing, investigation, or other event did you help with or participate in? Please include as much information as you can (e.g., dates, who was involved).*

How did you participate (e.g., filed a complaint, gave information, testified)?*

- I took other action(s) protected by labor law(s), or the business interfered with my rights under labor law(s).

Please describe what action you took that was protected by labor laws.*

Section Q: Non-Monetary Claim Types (Please fill out this section ONLY if you have selected a “Non-Monetary Claim Type.” If you do NOT have a Non-Monetary Claim, please skip to Section R.)

Complete the following information related to your Non-Monetary claim. If you have any documents to support your claim, please include them when you submit the complaint.

Non-Monetary claim types violated (check all that apply):*

- Wages paid but not timely
- Itemized pay statement not provided
- Meal period violations
- Other

Please describe the non-monetary violation(s) you selected above.*

Section R: Additional Details

How many other employees do you think were affected by the same issue(s)?

- 0 to 25
- 26 to 100
- more than 100

Please explain. (For example: There were 15-20 cashiers, and the employer did not let any of us take rest breaks.)

Does this complaint claim wages are owed, and should be paid, not only to you, but also to others at the same employer?
Please note:

- (1) A complaint on behalf of other employees is an option for only monetary wage complaints (unpaid wages, paid breaks, paid sick leave, etc.), not other claim types (whistleblower, retaliation, non-monetary complaints about hours, etc.).
- (2) If you select "yes," the investigation will take longer, and the Division will start by sending you a questionnaire to help it understand whether the other employees are in a similar enough situation to be part of your complaint.

- Yes
- No

Did anyone else see or hear what the business did?*

- Yes
- No
- I don't know

Please provide as much information as you know for the witness(es), including:

Name

Job Title (if they are an employee of the business)

Mailing address

Phone number

Email address

What did that person see or hear?

Please provide any additional information we need to understand your claim.*

Section S: Affirmations and Signature

Answer the question below about the person completing this form.

Are you the claimant (person making the complaint), or the claimant’s authorized representative?* Yes No

Name of person completing the form, if not the claimant (person making the complaint)*

Relationship of person completing the form, if not the claimant (person making the complaint)*

Please note, the claimant, or the claimant's authorized representative, must sign this page.

Before submitting this complaint:

By signing this Complaint you are agreeing to the following:

- I have been notified and 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.
- I authorize the Division to investigate and assist in this matter.
- I understand that any information supplied to the Division may be provided to the employer/principal, the agents of the employer/principal involved in the dispute, and other agencies or individuals as the Division deems appropriate.
- I understand that the Division does not guarantee a resolution to this dispute, and that it may be necessary to pursue the matter further through other methods.
- I understand that if I move, get a new phone number, or have other changes to my contact information, I must let the Division know right away. If I do not update my information, and the Division cannot contact me, my complaint may be dismissed.
- Wage Claims: I understand that the Division cannot legally order the payment of wages and penalties for wages earned before January 1, 2015. I understand that the Division cannot legally order the payment of wages in excess of \$7,500 per employee.
- Retaliation and Agricultural Labor Claims: I understand that the Division has discretionary authority to investigate my complaint, and that if the Division decides not to investigate, I may have to pursue the matter further in court.
- I declare under penalty of perjury § 18-8-501, et seq., C.R.S. that the information provided is true and correct.

Claimant or Authorized Representative’s Agreement and Signature

Name

Signature

Date

If you have any documents to support your claim, please include them with this Complaint Form when you submit it. Please mail, fax, email, or deliver your completed complaint form and attached documentation to:

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

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