Social Media and the Workplace Law Complaint

What is this form?

This is an official form to file a complaint under the Social Media and the Workplace Law with Colorado's Division of Labor Standards and Statistics.

What is a Colorado Social Media and the Workplace Law complaint?

The Social Media and the Workplace Law (C.R.S. § 8-2-127) prohibits employers from requesting that an employee or applicant disclose a social media username or password; requiring an employee or applicant to add anyone to a social media account; or suggesting or requiring an employee or applicant to change privacy settings associated with a social media account. Additionally, the law prohibits an employer from disciplining or penalizing an employee or refusing to hire an applicant for not disclosing their social media account username or password, not adding the employer to the contact list, or not changing the privacy settings associated with a social media account. The law does not apply to the Department of Corrections, County Corrections Departments or any state or local law enforcement agency. The Division's Posting, Screening, and Transparency ("POST") Rules (7 CCR 1103-18) implement and enforce the Social Media and the Workplace Law requirements.

Use this form to report a violation of the Social Media and the Workplace Law and/or the corresponding POST Rules. For more details on the Social Media and the Workplace Law requirements, you can refer to the Division's Job Postings and Hiring webpage, the published guidance, INFO #9, Hiring & Screening: What Employers Must Disclose, & Information They Must Not Ask or Use, and the Social Media and the Workplace Fact Sheet.

What if I have a different complaint or want to learn more about this law?

To demand a wage payment, file a wage complaint, or file complaints under the Equal Pay for Equal Work Act, visit the Division's complaints page. To learn more on Colorado labor law, visit the Division's INFOs webpage, or labor statutes webpage. For questions about this form, the complaint process, or other POST statutes, visit the Division website (coloradolaborlaw.gov) call 303-318-8441, or email cdle_labor_standards@state.co.us.

Instructions and information for filling out this form:

You may submit a complaint anonymously. To do so, skip Section 1 and the signature. IMPORTANT: If you wish to be anonymous - do not provide any identifying information.
By checking this box, I agree that I have read the above and have been informed about the process for filing a Social Media and the Workplace Law Complaint.



Section 1: Your Information

IMPORTANT: This form may be shared with the employer without removing identifying information in or attached to the form. To file anonymously, skip Section 1 and DO NOT PROVIDE ANY IDENTIFYING INFORMATION IN OR WITH THIS FORM.

First Name:	Last Name:	
Phone Number:	Email:	
Mailing Address:		
City, State, Zip:		
Preferred Method of Contact: Ma		
Section 2: Employer Informat	ion	
Employer / business name(s)*:		
Employer website:		
Address of employer / business:		
Employer contact person name:		
Job title of employer contact:		
Phone number of employer contact: _		
*Indicates a required question.		



Section 3: Your Complaint - Social Media Access Request

Did the employer or potential employer suggest, request, or require that the employee or

applicant disclose any username, password, or other means for accessing the employee's or applicant's personal social media account or service (C.R.S. § 8-2-127(2)(a))? O YES O NO If **no**, skip to the next section. If **yes**, please explain below. Did the employer or potential employer require that the employee or applicant add anyone to the employee's or applicant's list of contacts associated with a personal social media account (C.R.S. § 8-2-127(2)(a))? YES ONO If **no**, skip to the next section. If **yes**, please explain below. Did the employer or potential employer require, request, or suggest an employee or applicant change privacy settings associated with a personal social media account (C.R.S. § 8-2-127(2)(a))? YES ONO If **no**, skip to the next section. If **yes**, please explain below.

Section 4: Your Complaint - Description of Employer's Actions

Did the employer discharge, discipline, or otherwise penalize an employee; threaten to discharge, discipline, or otherwise penalize an employee; or refuse to hire an applicant because the employee or applicant:

- a. refused to disclose personal social media information (including usernames or passwords); or
- b. refused to add the employer to a social media list of contacts; or
- c. refused to change the privacy settings associated with a personal social media account.

O YES O NO	If no , skip to the next section. If yes , please explain below.
Section 5: Witness	ses
	vision may contact these individuals.
Witness 1:	
Phone number:	
Email:	
Information Witness 1	may provide:
Witness 2:	
Witness 2:	
First Name:	
First Name:	
First Name: Last Name: Phone number:	
First Name:	



Section 6: Documentation

Please provide the Division with documentation to support your complaint by submitting it along
with this complaint form and providing a URL (web address) for any online content.

Supporting documentation may include a PDF, screenshot, copy, or photo of: any job application that

inedia account, and a	any other relevant documentation.
the relevant informati	to support your complaint, you must also provide a printout or screenshot of ion in the URL. If mailing the complaint, make a copy of the application and all mail it along with the form.
Section 7: Additio	onal Application Issues
	That Application locates
To the extent your co	omplaint concerns information included on a job application, do you have any the job application that you wish to share with the Division?
To the extent your co	omplaint concerns information included on a job application, do you have any
To the extent your co	omplaint concerns information included on a job application, do you have any the job application that you wish to share with the Division?
To the extent your coother concerns with to	omplaint concerns information included on a job application, do you have any the job application that you wish to share with the Division?
To the extent your coother concerns with to	omplaint concerns information included on a job application, do you have any the job application that you wish to share with the Division?
To the extent your coother concerns with to	omplaint concerns information included on a job application, do you have any the job application that you wish to share with the Division?



Section 8: Signature

IMPORTANT: If you are filing anonymously, DO NOT PROVIDE ANY IDENTIFYING INFORMATION IN OR WITH THIS FORM.

By signing and submitting this complaint, I acknowledge and agree 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 including this form and attached documents 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.
- I declare under penalty of perjury § 18-8-501, et seq., C.R.S. that the information provided is true and correct.

Signature: (If Anonymous, leave blank) Date:
--



What to Expect Next

Thank you for filing a Social Media and the Workplace Law complaint with the Colorado Division of Labor Standards and Statistics.

Please send the complaint form with accompany documents via mail, fax, or email to: Colorado Division of Labor Standards and Statistics 633 17th Street

Denver, CO 80202-2107 Fax: (303) 318-8400

Email: cdle_labor_standards@state.co.us

Please direct general inquiries to our call center 303-318-8441 or 1-888-390-7936 (toll free). The Call Center hours of operation are Monday, Wednesday, Friday - 9 am to 4 pm, and Tuesday, Thursday - 9 am to 1 pm. You may also visit our website at www.coloradolaborlaw.gov or email us at cdle labor standards@state.co.us.