



# Unequal Pay Complaint

## Under Colorado's Equal Pay for Equal Work Act, Part 1

### What is this form?

This is an official form to file an unequal pay complaint with Colorado's [Division of Labor Standards and Statistics](http://www.ColoradoLaborLaw.gov).

### What is an unequal pay complaint?

An unequal pay complaint alleges that you, and/or someone else, were paid less than another employee of a different sex who performs substantially similar work.

You may also allege that you, and/or someone else, were paid less than another employee because of sex and another protected status, like disability, race, or religion.

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

To demand a wage payment or to file a wage complaint, 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 the Equal Pay for Equal Work Act: visit the [Division website \(coloradolaborlaw.gov\)](http://coloradolaborlaw.gov) call 303-318-8441, or email [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us).

### Instructions and information for filling out this form:

Please answer all questions as completely as possible, and read all further instructions carefully.

**You may submit a complaint anonymously.** To do so, skip Section 2 and the signature.

However, please be aware that if your complaint is about your own pay, then your identity may be apparent to the employer if the Division investigates your complaint.

**Providing your name and contact information may help the Division investigate your complaint.** The Division may need to contact you, or any witnesses you list, for more information before deciding whether to investigate your complaint.

**If you do provide your information,** the Division will not share it unless disclosing your information becomes necessary to investigate the complaint. If you withdraw your complaint before the Division investigates the complaint, your information will remain confidential.

By checking this box, I agree that I have read the above and have been informed about the process for filing an unequal pay complaint.



# Unequal Pay Complaint Form

## Under Colorado's Equal Pay for Equal Work Act, Part 1

### Section 1: Preliminary Questions

Do you claim you and/or someone else were paid less than an employee of a different sex who is performing substantially similar work? Check all that apply.\*

YES, I was paid less

YES, someone else was paid less

NO

**Note: If you selected NO, visit the [Division's complaint forms](http://www.Division's complaint forms) webpage to file a different complaint.**

Have you filed a complaint in court or with another agency regarding the same issues in this complaint?\*

YES

NO

If YES, where did you file the complaint? \_\_\_\_\_ Date: \_\_\_\_\_

If YES, describe the outcome of the complaint: \_\_\_\_\_

### Section 2: Your Information

Your name and contact information will remain confidential unless they must be disclosed during the investigation.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Section 3: Employer Information

Employer / business name(s)\*: \_\_\_\_\_

Address of employer / business: \_\_\_\_\_

Address of where you worked (if different): \_\_\_\_\_

Employer contact person name: \_\_\_\_\_

Job title of employer contact: \_\_\_\_\_

Email address of employer contact: \_\_\_\_\_

Phone number of employer contact: \_\_\_\_\_ Total number of employees: \_\_\_\_\_

What does this business do? \_\_\_\_\_

Is the employer still in business?

YES

NO

I don't know



## Section 4: Your Complaint - Employee Paid Less

Fill out this section with information for the employee paid less than employee(s) of a different sex for performing substantially similar work. If you are filing a complaint on your behalf, then provide your information.

Name: \_\_\_\_\_

Job title\*: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Job duties\*:

Sex\*: Female Male Non-Binary or Other: \_\_\_\_\_

Pay (Include all compensation: wages, bonuses, commissions, etc. (ex: \$20 / hr, or \$50,000 / year))\* \_\_\_\_\_

Time in this job position\*: \_\_\_\_\_ (If unknown, please provide an estimate)

Still employed? YES NO and \_\_\_\_\_ was the last date of employment

If no longer employed, what is the reason?

Quit / Retired

Terminated / Laid-off

Other (Specify) \_\_\_\_\_

If no longer employed by the employer, started a new job? YES NO N/A

If YES, date that new job started:

If your complaint applies to multiple employees, please submit additional complaint forms for each and list their names here:

## Section 5: Your Complaint - Employee(s) Paid More

Fill out this section with information for the employees you are aware of who are paid more for performing substantially similar work.

Employee #1: Name\*: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Job title\*: \_\_\_\_\_

Job duties\*:

Sex\*: Female Male Non-Binary or Other: \_\_\_\_\_

Time in this job position\*: \_\_\_\_\_ (If unknown, please provide an estimate)

Pay (include all compensation)\*: \_\_\_\_\_

Still employed? YES NO and \_\_\_\_\_ was last date of employment



**Employee #2:**

Name: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Job title: \_\_\_\_\_

Job duties:

Sex:                      Female                      Male                      Non-Binary/Other: \_\_\_\_\_

Time in this job position: \_\_\_\_\_ (If unknown, please provide an estimate)

Pay (include all compensation): \_\_\_\_\_

Still employed?                      YES                      NO                      and \_\_\_\_\_ was the last date of employment

**If there are more than two employees of a different sex who perform substantially similar work and are paid more, please attach an additional complaint form with more information for each employee.**

## **Section 6: Your Complaint - Additional Questions**

Are you aware of any differences between the employees in work travel, work locations, job experience, education, or training that is relevant to the job?                      YES                      NO

If yes, please explain:

Has the employer been asked about the unequal pay? \*                      YES                      NO

If yes, who asked the employer? What was the employer's response? Are the reasons that the employer gave untrue? Please explain.

If no, what reason do you think the employer would give to explain the unequal pay?

Do you believe that the unequal pay is based on sex and also on other protected statutes, including disability, race, creed, color, sexual orientation, gender identity, gender expression, religion, age, national origin, or ancestry? If so, please specify which protected status(es) listed above, and describe how the protected status(es) influenced the unequal pay:

Did your employer:

Ask for or seek anyone's prior wage rate history?

Rely on you or anyone's prior wage rate history in setting their wage?

Discriminate or retaliate against anyone for failing to disclose a prior wage rate history?

Prohibit you or other employees from revealing wage rates?

If you checked any of the above questions, please explain:

**If you believe that you have also been retaliated against because you exercised your rights under the Colorado Equal Pay for Equal Work Act, please also fill out and submit the [Labor Standards Complaint Form](#), indicating that your type of complaint is a retaliation claim.**



## Section 7: Witnesses

**All witnesses are kept confidential unless the Division needs to reveal their identities to investigate or enforce the Division's determinations.**

Please list any witnesses who can support your unequal pay complaint.

### **Witness #1:**

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Describe the information they have in connection to your complaint:

### **Witness #2:**

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Describe the information they have in connection to your complaint:

## Section 8: Remedies & Signature

Briefly describe what kind of remedy or solution you are seeking. What do you hope happens as a result of filing this complaint?\*

### **Before submitting this complaint:**

By typing my name below I am entering it as my electronic signature and agreeing 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 understand that any information supplied to the Division may be provided to the employer/principal, the agents of the employer/principal, and other agencies or individuals as the Division deems appropriate.
- I understand that if I move, get a new phone number, or have other changes to my contact information, I should let the Division know right away. If I do not update my information, and the Division cannot contact me, my complaint may not be investigated.
- I declare under penalty of perjury § 18-8-501, et seq., C.R.S. that the information provided is true and correct.

\_\_\_\_\_  
E-Signature

\_\_\_\_\_  
Date



## How to Submit Your Complaint & Supporting Documents

The Division will prioritize investigating complaints with complete and relevant information, including supporting documents.

Examples of helpful documents include:

- Current or old pay stubs;
- Emails or texts about the unequal pay;
- Evidence about employee job duties and performance, such as performance reviews, job descriptions, or employee handbooks;
- Any other documents relevant to your unequal pay complaint you believe will support your complaint.

Mail, fax, or email your complaint form and all supporting documents to the Division. The supporting documentation you submit should be copies of the original. Do NOT mail originals. Please respond promptly to any communications from the Division, and contact the Division immediately if your contact information changes.

Email address: [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us)

Labor Standards Call Center: 303-318-8441

Labor Standards Fax: 303-318-8400

## What to Expect Next

Thank you for filing an Equal Pay for Equal Work Act (“Act”) unequal pay complaint with the Colorado Division of Labor Standards and Statistics.

**Please note** that the Division is not required by law to investigate all unequal pay complaints; it reviews all complaints to determine which it will investigate, at the Division’s discretion. While your complaint will be reviewed, **your complaint may or may not be investigated**. You will be notified further only if your complaint is selected for investigation. If you wish to ensure that your complaint is addressed, you may file a complaint under the Act in court or, you may file a complaint with the [Colorado Civil Rights Division \(“CCRD”\)](#) alleging pay discrimination.

**Please be aware** that there are **time limits** to filing a complaint in court and with the CCRD and the filing of this complaint does not change those limits. If, after filing this Division complaint, you then file in court, with CCRD, or anywhere else, you **must** inform the Division promptly.

**When deciding whether to investigate a complaint**, the Division will prioritize investigating complaints with complete, accurate, and relevant information, and those with responsive complainants and witnesses. If providing your information, please ensure that the Division has your correct and up-to-date contact information. If we cannot reach you or you do not provide requested information, your complaint may not be investigated.



While we are reviewing your complaint to determine if it will be investigated, and during any investigation, you may be asked for additional information. You and/or witnesses you listed may also be contacted for interviews. **A request for additional information does not mean that your complaint will be investigated.** The evaluation and investigation process is lengthy, and may take many months to over a year.

**If your complaint is investigated**, the Division may order individual relief — such as payment of lost wages, pay raises, or damages — for you and/or other individuals impacted by an unlawful pay inequity, and may also order changes to employer practices. However, while you may receive relief and may be contacted for evidence, neither you nor others impacted by the unequal pay will be a “party” with an automatic right to participate in all stages of the investigation or appeal its outcome.

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](http://www.coloradolaborlaw.gov) or email us at [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us). **Please note that our call center cannot answer questions about individual unequal pay complaints.**