



For Internal Use Only:

Complaint No.

Compliance Investigator:

Explanation of Authorized Representative Form

Claimants and **Employers** may designate representatives to assist in any aspect of the Division's complaint process. The complaint process includes the investigation conducted by the Division's Complaint Investigators and the appeals process through the Division's Hearing Officer. Representatives may be attorneys, non-attorneys, relatives, non-relatives, or organizations.

To complete this form:

1. Fill in your information (Section I) and the information for the third party representative (Section II).
2. Sign and date the authorization statement (Section III).
3. Submit the completed form to the Division by email, fax, mail, or in person. Once submitted, you may only revoke this authorization by providing written notice to the Colorado Division of Labor Standards and Statistics.

Mail or hand delivery:

Division of Labor Standards and Statistics
707 17th St Suite 2400, Denver, CO 80202
Fax: (303) 318-8400
Email: cdle_labor_standards@state.co.us

Questions?

Call the Division at (303) 318-8441, or email cdle_labor_standards@state.co.us. Division staff may answer questions about the process, but may not discuss the facts of your case with you. Do not direct appeals-related questions to the Compliance Investigator who issued the determination.



Authorized Representative Form

Section I. Your Contact Information

(To be filled out by the Claimant or the Employer)

Your First Name

Your Last Name

Your Primary Phone

Your Email Address

Your Alternate Phone

Your Mailing Address

City

State

Zip Code

Name of Employer/Business/Company

Section II. Authorized Representative Information

(This can be a person or organization who represents the individual listed in Section I throughout the Division's complaint process)

First Name of Authorized Representative

Last Name of Authorized Representative

Name of Authorized Representative Organization (if applicable)

Mailing Address for Authorized Representative

City

State

Zip Code



Phone Number

Fax Number

Email Address

Section III: Signature

I _____ (your name), hereby authorize the following:

1. The Division is authorized to release, furnish, provide, exchange and request any and all information concerning the specific complaint to the above listed authorized representative.
2. The above listed authorized representative can release, furnish, provide, exchange and request any and all information concerning the specific complaint to the Division.
3. The above authorized representative can make any and all decisions related to the specific complaint on my behalf.
4. By typing your name below in the signature line, you represent that you are the individual identified as the claimant/ employer at the top of this form.

Your Full Name

Your Signature

Date (MM/DD/YYYY)
