



Explanation Of Direct Investigation Appeal Rights

An alleged employer may appeal a Citation and one or more Notices of Assessment resulting from a direct investigation. To appeal, fill out the attached appeal form (3 pages) and return it to the Division.

The Division must **receive** the appeal no later than **35 calendar days** from the date of the determination. It cannot accept late appeals. If no appeal is received within **35 days** of the date of the determination, the determination is final.

Fill out the form and sign it.

Explain why you believe the determination contains a clear error. Attach any new evidence that could help prove there is a clear error in the determination. You must show good cause for filing new evidence on appeal. Keep a copy of your appeal form and any new evidence.

An employer may request that a compliance order be postponed ("stayed") pending an appeal decision.

An appeal of a determination is not a request for a stay of a compliance order (an order to do something other than pay wages, penalties, and fines). If you want a compliance order stayed, you must specifically request it in the appeal filing. The employer should file its appeal and stay request as soon as possible after the determination (if possible, do not wait until the 35-day deadline), so the Hearing Officer has as much time as possible to address the request before the order takes effect. There is no guaranteed right to a stay. **Note: Many determinations do not include compliance orders, in which case this does not apply.**

File your completed, signed appeal form and any new evidence.

You may file by mail, hand delivery, fax, or email.

Mail or hand delivery:

Division of Labor Standards and Statistics
707 17th Street, Denver, CO 80202 | Fax: (303) 318-8400 | Email: cdle_di_appeals@state.co.us

The Division will notify you of the date and time of the hearing and other deadlines and instructions related to the appeal process.

The Hearing Officer can order the parties to testify or to produce documents and other evidence.

A Hearing Officer will conduct the hearing by telephone.

During the hearing, both parties (the employer and the Division) will be able to testify, present arguments, and question the other witnesses. The Hearing Officer can alter the determination only if there is a clear error of fact or law.

Questions?

Email cdle_di_appeals@state.co.us or call the appeals staff at (303) 318-8442. 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.



Direct Investigation Hearing Request Form

Claim Number

Your Name

Email Address

Mailing Address (include city, state, and zip code)

Telephone

Alleged Employer(s) Name(s)

Notice(s) of Assessment you are appealing (list employee names)

The determination addressed whether an **individual** was liable to pay wages.

Yes

No

Unsure

If yes, and if you are filing on behalf of any alleged employer(s) (select one of the below options):

I represent a business/ corporate entity named in the determination, and I am appealing only on its behalf.

I am an individual named in the determination, and I am appealing only on my behalf.

I am appealing on behalf of both the business/ corporate entity and the individual(s) named in the determination.

Has the employer filed for **bankruptcy**?

Yes

No

Unsure

If yes, case number:

Do you need an **interpreter or other accommodation**?

Yes

No

Unsure

If yes, explain what you need:



If you will be represented by a third party, write their name, address, phone number, and email address below. If you have not already done so, file an [Authorized Representative Form with the Division](#).

Describe the clear error in the Compliance Investigator's determination (i.e., why you are appealing). Attach additional pages if needed. If you have new evidence, attach it or explain what you plan to submit. If you do not attach new evidence now, then when you send it to the Division later, you must send a copy to all other parties to the appeal. You must show good cause for not filing it during the investigation. 7 C.C.R. § 1103-8: Rule 6.5.



Complete this box if you are requesting a postponement ("stay") of a compliance order as part of the appeal. A compliance order is an order for the alleged employer to do something aside from paying wages, penalties, and/or fines (for example, changing a policy). If a compliance order is set to take effect before an appeal is decided, you can request that the order be put on hold (stayed) until the appeal is decided. Many determinations do not include compliance orders, in which case this box does not apply and can be left blank.

If you want to ask for a stay, state your case here. Attach additional pages if needed. One of the considerations is whether the determination should be reversed overall, but do not repeat why here, since the prior page asked you to so explain there, and we will consider that explanation in your request for a stay. Rather, explain in detail, and you may cite or attach any evidence, as to what, if any, particular hardship(s) you will face if the order is not stayed until after the appeal is decided, and (optionally) any reasons you think granting a stay would not cause hardships to the worker(s) in question or to the public interest. Requests for stays usually are decided based on written submissions, before any hearing on the merits of the appeal. There are not likely to be further submissions or proceedings on the stay request beyond what you state here, along with any response(s) from other interested parties.

You must notify the other interested party/parties of any request for a stay. By signing below, I certify that, on or before today's date, I sent a copy of this appeal filing, including my request for a stay and all attachments thereto, via email to:
cdle_ls_direct_investigations@state.co.us.

I understand that any person providing false information to the Division of Labor Standards and Statistics may be subject to criminal prosecution under the laws of the State of Colorado with possible penalties of imprisonment, fines, or both. I declare under penalty of perjury (C.R.S. § 18-8-501, et. seq.) that the information I provided is true and correct. If I am not the appealing party, I certify that I am acting on their behalf.

Signature of the Person Appealing
(or authorized representative)

Date (MM/DD/YYYY)