



**Important: Please complete this required form:**  
**Notice of Complaint Employer Response Form**

**Return this completed form and requested documentation** to the Colorado Division of Labor Standards and Statistics by mail: 707 17th Street, Denver, CO 80202, by fax: (303) 318-8400, or by email: [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us).

To constitute a sufficient response, **this form must be completed in its entirety**, with all requested documentation attached, and returned by the deadline set in the Notice of Complaint.

Pursuant to C.R.S. § 8-4-113(1)(b), the director shall impose **a fine of \$250** on an employer who fails to respond to a Notice of Complaint or to any other notice to which a response is required.

The claimant may have alleged that there is an individual(s) who works for the employer who may be liable for this wage claim. If applicable, in addition to filling out this form, the employer is also required to ensure that each individual named in the Notice of Complaint receives a copy of it, including all attachments. Additionally, the Individual Liability Questionnaire must be completed by each named individual.

Claim Number: \_\_\_\_\_ (as noted in the Notice of Complaint)

Your Preferred Contact Method (check all that apply): ☐ Mail ☐ Email

**Section A: Employer Contact Information**

*You are required to notify the Division immediately if your contact information changes.*

Contact Information for the Business or Other Entity		
Name of Business		DBA/Alias, if different
Name of Contact/Agent for the Business		Title
Mailing Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code
Email Address		Phone
Number of Employees: <input type="checkbox"/> 25 <input type="checkbox"/> 25-100 <input type="checkbox"/> Over 100		Federal Tax ID Number (FEIN)
Number of Years or Months the Business or Entity Has Been in Operation:		

Contact Information for the Allegedly Liable Individual		
Name	Title	
Mailing Address, if different from the one provided above		
City	State	Zip Code
Email Address	Phone	

How long, in total, has the individual been either a manager, supervisor, executive, or owner at this business or entity, or at any other(s) in the same field (in years or months)?

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The named individual was provided a copy of the Notice of Complaint, along with the attachments:

☐ Yes ☐ No

If yes, date sent: \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

## Section B: Response to Wage Claim

If, at the conclusion of our investigation, the Division determines that additional wages were owed, you may be liable to pay those wages along with penalties and fines. Please see the list of potential penalties and fines included in the Notice of Complaint.

Please check the option that applies.

### **Option 1: I paid the claimant their outstanding wages.**

I determined that the wages claimed were owed. The amount of wages claimed has now been paid.

### **Option 2: I paid the claimant their outstanding wages, but it was a different amount than the amount claimed.**

I determined that the claimant was owed wages, but the amount listed in the Notice of Complaint is incorrect. I have paid the amount of wages that I believe in good faith was due. I have attached proof of the wages earned and paid, including records of time worked, payments made, and any other records necessary to prove my position.

### **Option 3: Denied. No wages are owed to the claimant.**

I determined that the claimant was not owed any wages. I have attached proof of the wages earned and paid, including records of time worked, payments made, and any other records necessary to prove my position.

## Section C: Proof of Payment

If a wage payment was sent to the claimant, I have attached proof of payment, including proof of when and how the payment was sent.

Date sent: \_\_\_\_\_ Method of payment (check, direct deposit): \_\_\_\_\_

Check number or bank of deposit, etc. \_\_\_\_\_

Method of delivery: \_\_\_\_\_

If mailed, mailing address and (if applicable) tracking number:

\_\_\_\_\_  
\_\_\_\_\_

Gross wages paid: \$ \_\_\_\_\_ Net wages paid: \$ \_\_\_\_\_

## Section D: Your Explanation

Below is my explanation of what wages I believe the claimant was owed, what wages were paid, and if Option 2 or 3 in Section B is checked, why no further wages are owed. I have attached additional pages, if needed.

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\_\_\_\_\_

## Section E: Your Investigative and Legal Reasoning to Support Your Explanation

The following statement explains, in detail:

1. previous complaints from anyone about the conduct or practices covered by this complaint, or whether anyone suggested that its legality should be looked into;
2. my previous investigation and/or reasons for believing the conduct or practice at issue was lawful.
3. how I looked into the claimant's allegations, and into the legality of the practice they have complained about;
4. how I determined whether wages were owed to the claimant; and

My explanation includes both the process and factual findings of any investigation, my legal reasons, and how I arrived at my understanding of the relevant law. I have attached additional pages if needed and my supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section F: Ownership Information

Please list every individual or entity with an ownership interest in the employer and their percentage owned:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Section G: Notices of Rights

Employers covered by the Colorado Overtime and Minimum Pay Standards Order ("COMPS Order") must provide the COMPS Order poster to employees by:

1. Publishing the poster as mandated by COMPS Order Rule 7.4.1; and
2. Distributing the poster or a copy of COMPS Order with any written policies, manuals, or handbooks as required by COMPS Order Rule 7.4.2.

Please check all that apply:

### A. Yes, the COMPS Order poster was posted at the time of the events

At the time of the events covered by the complaint, I had the COMPS Order poster displayed as the rule requires.

### B. Yes, the COMPS Order poster, or a copy of COMPS Order, was distributed to employees.

I distributed the COMPS Order poster and/or the COMPS Order in a written policy, manual, or handbook.

*If you failed to check (A), or if you failed to check (B):* Below is my explanation of why the COMPS Order poster was not posted or distributed as required by COMPS Order Rule 7.4 which includes a statement of whether I have come into compliance after the time of the events covered by the complaint.

## Section H: Attached Documentation

I included with this completed form the required documentation listed in the Notice of Complaint, and any additional documentation that supports my position. I have listed the documentation attached.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Section I: Trade Secret Designation

The attached documentation may contain information designated as proprietary, a trade secret, or privileged information as defined in C.R.S. § 7-74-102(4), and should be treated as such. I have described the basis for the designation, and attach additional pages if needed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Section J: Certification

1. I have read the Notice of Complaint and all attachments in its entirety, including any attached questionnaires.
2. I 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.
3. I hereby certify that this is a true statement regarding wages paid or owed to the claimant.
4. I understand that any information sent to the Division may be provided to the claimant and the claimant's agent, as well as other agencies or individuals as the Division deems appropriate and as allowed by law.
5. If applicable, I provided a copy of the Notice of Complaint and all attachments, including the Individual Liability Questionnaire, to each allegedly liable individual.
6. I declare under penalty of perjury (C.R.S. § 18-8-501, et seq.) that the information I provide is true and correct.
7. I understand I am required to notify the Division immediately if my contact information changes.

Name

Signature

Title/Position

Date