



Office Use Only:	CLAIM #:	COMP INVESTIGATOR:	DATE RECEIVED:
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### YOUTH LAW COMPLAINT

This form is used to report employers who may be in violation of the Colorado Youth Employment Opportunity Act. It must be filled in completely and signed and dated. Failure to do so will delay the processing of this complaint. If you have questions, please contact the Division by phone at 303-318-8441 or email at [cdle\\_labor\\_standards@state.co.us](mailto:cdle_labor_standards@state.co.us). **Note: This form is for youth law matters only. If you believe the minor is also owed wages by this employer, you must file a separate claim by completing a Labor Standards Complaint Form.**

Complainant Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Minor:    Self            Parent            Legal Guardian            Other (explain): \_\_\_\_\_

Minor Name (if other than complainant) \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Additional Minors Involved?    Yes            No            Unknown

**Type of Allegation** *(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Work schedule / excessive work hours  | <input type="checkbox"/> Prohibited occupation |
| <input type="checkbox"/> Work restrictions due to age of minor | <input type="checkbox"/> Other (explain) _____ |

**Summary of Complaint (Use additional sheets if necessary)**

**Employment Information**

Business Name \_\_\_\_\_ Business Contact & Title \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Employer's Website \_\_\_\_\_ Email Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Minor's Job Title \_\_\_\_\_ Duties Performed: \_\_\_\_\_

**Individual Liability (People Who Control the Business) Responsible For Your Complaint:**

The Colorado Youth Employment Opportunity Act allows persons to file complaints against businesses as well as against people with enough control over the businesses. Under the law, this would include any agent, manager, superintendent or foreperson of any firm or corporation who violates or fails to comply with the law. C.R.S. § 8-12-116. If you believe a person has enough control, the Division can add them to the investigation and determine whether the business and the person are both responsible for your complaint.

**I would like the business and this person to be named in the investigation:**

Individual Liable Party's Name \_\_\_\_\_ Person's Title and Role \_\_\_\_\_

Person's Mailing Address \_\_\_\_\_

Person's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's Telephone Number \_\_\_\_\_ Person's Email \_\_\_\_\_

**Supporting Documentation:**

*(check all that apply)*

- Pay Statements
- Time Cards

- Paychecks
- Other Information

**By signing this "Youth Law Complaint" you are agreeing 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 hereby certify that this is a true statement, and authorize the Division to investigate and assist in this matter.
- I understand that the Division does not guarantee a resolution to this dispute, and that I may have to pursue the matter further in court, with an attorney, with another agency, or through other methods.
- I understand that any information supplied to the Division may be provided to the employer, the agents of the employer involved in the dispute, and other agencies or individuals as the Division deems appropriate.
- I declare under penalty of perjury 18-5-501, et seq., C.R.S. that the information provided is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date