



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. **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)

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Pay Statements

☐

Paychecks

☐

Time Cards

☐

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