



OFFICE OF THE DISTRICT ATTORNEY
GEORGE H. BRAUCHLER, DISTRICT ATTORNEY
18TH JUDICIAL DISTRICT
SERVING ARAPAHOE, DOUGLAS, ELBERT AND LINCOLN COUNTIES

6450 S. REVERE PARKWAY
CENTENNIAL, CO 80111
(720) 874-8500
FAX (720) 874-8501

ECONOMIC CRIME UNIT WAGE THEFT COMPLAINT FORM

Introduction

The Eighteenth Judicial District Attorney's Office is committed to supporting all who work and live in our community, especially under circumstances where employers may not be following the law by timely paying employees their hard-earned wages.

If you believe that you, or someone for whom you are responsible, may be the victim of a crime related to an employer's failure to pay wages owed, please complete the following questions and provide the requested information and documentation to the District Attorney's Office. The District Attorney's Economic Crime Unit will review your complaint and help support any investigation by your local law enforcement agency. Wage theft complaints should be submitted in writing to help us process your complaint as quickly as possible.

Our investigators do not have direct access to business, bank, government and other records, and must have full information about an alleged crime before they can submit requests to judges and magistrates to obtain the necessary records. Initially, the investigator must depend on you to provide most of the information and records needed.

This Complaint Form lists information and documents that the District Attorney's Office believes are necessary to review your complaint; however, your local law enforcement investigator may request additional information. The District Attorney's Office may not be able review a case for filing if the information and documentation requested in this form are not complete.

The Colorado Department of Labor can take civil action against employers for failing to pay employees the wages they are due, so please go to <https://www.colorado.gov/pacific/cdle/complaint-forms> to submit a Wage and Hour Complaint or download the necessary form for completion.

Once you have provided all of the requested information and documentation, an investigator will review your complaint. These cases require a significant amount of time to process, and may include additional delays if court orders are required to obtain necessary records. Thank you for your patience while we complete this process. You will be notified if we need more information, or after your complaint has been fully reviewed.

Please contact the Director of Consumer Fraud Protection at 720-874-8547 if you need assistance to complete this Complaint Form or the Colorado Department of Labor and Employment Form. Please email completed forms to consumer@da18.state.co.us or mail the forms to: Director of Consumer Fraud Protection, 18th JD District Attorney's Office, 6450 S. Revere Pkwy, Centennial, CO 80111.

Thank You,

The 18th Judicial District Attorney's Economic Crime Unit
Serving Arapahoe, Douglas, Elbert and Lincoln Counties

18th JUDICIAL DISTRICT--ECONOMIC CRIME UNIT
WAGE THEFT COMPLAINT FORM

NAME: _____ DATE OF BIRTH: _____

PHONE NO. (____) _____ EMAIL: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION, GIVING AS MUCH DETAIL AS POSSIBLE. PLEASE PROVIDE *COPIES* OF DOCUMENTS THAT SUPPORT THE ALLEGATIONS AND *KEEP THE ORIGINALS*. PLEASE ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY EXPLAIN THE CIRCUMSTANCES OF YOUR COMPLAINT.

PLEASE PROVIDE A COPY OF YOUR WAGE AND HOUR COMPLAINT FILED WITH THE COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS, IF THEY EXIST:

- PAYCHECKS/PAYSTUBS
- EMPLOYMENT CONTRACT
- EMPLOYEE HANDBOOK
- LETTERS, EMAILS OR TEXT MESSAGES TO AND FROM YOUR EMPLOYER (PLEASE NOTE THAT THE INVESTIGATOR MAY REQUEST TO DOWNLOAD RELEVANT INFORMATION DIRECTLY FROM YOUR MOBILE PHONE OR COMPUTER)
- SCHEDULE/CALENDAR OF HOURS WORKED
- COPIES OF ANY ADDITIONAL RECORDS, DOCUMENTS OR PHOTOGRAPHS THAT MAY SUPPORT YOUR CLAIM FOR UNPAID WAGES.
- DO YOU HAVE VOICEMAIL OR OTHER DIGITAL RECORDINGS RELATED TO YOUR CLAIM? Y/N _____

PLEASE PROVIDE CONTACT INFORMATION FOR OTHER EMPLOYEES AND INDICATE IF THEY ALSO ARE OWED WAGES:

NAME: _____

NAME: _____

TITLE/DUTIES: _____

TITLE/DUTIES: _____

PHONE NO. _____

PHONE NO. _____

EMAIL: _____

EMAIL: _____

OWED WAGES? YES / NO

OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

NAME: _____
TITLE/DUTIES: _____
PHONE NO. _____
EMAIL: _____
OWED WAGES? YES / NO

PLEASE PROVIDE THE FOLLOWING FACTS:

1. Who hired you and how were you hired (in person, online, etc.)? _____

2. Who informed you of your rate of pay, hours you would work and the details of the work you were expected to perform? _____
3. How did you receive your paycheck? _____
4. Where did you work (office, at home, various job sites, etc.)? _____

If you worked at more than one location, please provide the address of all places you worked on a separate page.

5. Who was your direct supervisor and what is his/her contact information? _____

6. Were you required to record the hours you worked and, if so, how? (Time clock, paper log, online program, etc.) _____

7. Did you have any past problems with being paid on time? When was this, how much money was involved, and how was the past problem resolved? _____

8. Were you ever asked to accept less money than you believe you earned? If so, please tell us when this was, how much money was involved, who asked you to accept less money and other details.

9. Were you paid less money than others who had the same skills, same experience and same seniority with the company? If so, please provide details. _____

10. Please describe exactly what you did to earn your wages (use additional pages if needed).

11. Have you, or anyone you know, been threatened or retaliated against when you attempted to collect your wages or when you filed a complaint? Please state what happened and who made the threats.

OTHER THAN THE COLORADO DEPARTMENT OF LABOR, PLEASE LIST ALL STATE OR FEDERAL AGENCIES (INCLUDING LAW ENFORCEMENT AGENCIES) YOU HAVE CONTACTED REGARDING THIS COMPLAINT. INCLUDE CASE NUMBERS IF APPLICABLE, THE INDIVIDUAL(S) YOU SPOKE WITH AND THEIR CONTACT NUMBERS.

ARE YOU REPRESENTED BY AN ATTORNEY IN THIS MATTER? YES / NO
IF YES, MAY THE INVESTIGATOR CONTACT YOUR ATTORNEY TO DISCUSS THIS COMPLAINT? YES / NO

ATTORNEY NAME: _____ PHONE NO. _____

If a civil lawsuit was filed by anyone involved, please provide a complete copy of all documents filed with the court and exchanged with the opposing party.

CERTIFICATION:

I am the Complainant named above and I certify that the information I am providing to law enforcement is true and correct to the best of my knowledge.

(Signature of Complainant)

(Date)