

## OFFICE OF THE DISTRICT ATTORNEY

JOHN KELLNER, 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 <u>not</u> 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 <a href="https://www.colorado.gov/pacific/cdle/complaint-forms">https://www.colorado.gov/pacific/cdle/complaint-forms</a> 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 to 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 18<sup>th</sup> Judicial District Attorney's Economic Crime Unit Serving Arapahoe, Douglas, Elbert and Lincoln Counties

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

NAN	ИЕ:	DATE OF BIRTH:	DATE OF BIRTH:	
РНО		EMAIL:		
PLE. POS	ASE PROVIDE THE FOLLOW SIBLE. PLEASE PROVIDE <i>CO</i> EGATIONS AND <i>KEEP THE</i>	NG INFORMATION, GIVING AS MUCH DETAIL AS PIES OF DOCUMENTS THAT SUPPORT THE PRIGINALS. PLEASE ATTACH ADDITIONAL PAGES AS		
NEE	DED TO FULLY EXPLAIN TH	E CIRCUMSTANCES OF YOUR COMPLAINT.		
		F YOUR WAGE AND HOUR COMPLAINT FILED WIT F OF LABOR AND EMPLOYMENT	ГН	
PLE	ASE PROVIDE COPIES OF	HE FOLLOWING DOCUMENTS, IF THEY EXIST:		
	PAYCHECKS/PAYSTUBS			
	EMPLOYMENT CONTRAC	Γ		
	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 $\_\_$			
	ASE PROVIDE CONTACT IS ICATE IF THEY ALSO ARE	FORMATION FOR OTHER EMPLOYEES AND OWED WAGES:		
NAME:		NAME:		
TITLE/DUTIES:		TITLE/DUTIES:		
PHONE NO				
EMAIL:				
OWED WAGES? YES / NO		OWED WAGES? YES / NO		

NAME:	NAME:		
TITLE/DUTIES:			
PHONE NO.	PHONE NO		
EMAIL:	EMAIL:		
OWED WAGES? YES / NO	OWED WAGES? YES / NO		
NAME:	NAME:		
TITLE/DUTIES:	TITLE/DUTIES:		
PHONE NO.	PHONE NO		
EMAIL:	EMAIL:		
OWED WAGES? YES / NO	OWED WAGES? YES / NO		
NAME:	NAME:		
TITLE/DUTIES:			
PHONE NO.	PHONE NO		
EMAIL:			
OWED WAGES? YES / NO	OWED WAGES? YES / NO		
	ed (in person, online, etc.)?		
Who informed you of your rate of pay, hours you would work and the details of the work you were expected to perform?			
. 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 separate page.	ion, please provide the address of all places you worked on a		
5. Who was your direct supervisor and v	Who was your direct supervisor and what is his/her contact information?		
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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 FEDERAL AGENCIES (INCLUDING LAW ENFONTACTED REGARDING THIS COMPLAINT THE INDIVIDUAL(S) YOU SPOKE WITH AND	FORCEMENT AGENCIES) YOU HAVE Γ. INCLUDE CASE NUMBERS IF APPLICABLE,
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, pleawith the court and exchanged with the opposing pa	1 11
CERTIFICATION:	
I am the Complainant named above and I certify th is true and correct to the best of my knowledge.	at the information I am providing to law enforcement
(Signature of Complainant)	(Date)