

Failure to Pay Wages Complaint Form

You may fill out a discrimination complaint form in the following ways:

- 1. Print this page. Then, fill out the form by hand. If you do not have access to a printer or need additional support completing this form, please contact us.
- 2. Fill out the form electronically at https://bouldercolorado.gov/services/human-rights-ordinance

You may submit a hard-copy of this form in two ways:

- 1. Mail the form addressed to: Attention to City of Boulder Office of Human Rights, PO Box 791 Boulder, Colorado; or
- 2. Call us to seek an alternative option.

After you have submitted this form, you will be contacted to discuss your complaint. If you have questions or need assistance completing the form, please call the Office of Human Rights at 303-441-4197 or email HumanRights@bouldercolorado.gov. A staff member will typically reply within two business days.

1. Personal Information:

First Name:	Middle Initial: Last Name:	
Address:		
City:	State: Zip Code:	
Phone:	Email Address:	
2. Party of alleged	failure to pay wages	
First Name:	Middle Initial: Last Name:	
Official Corporate Name	e (if appropriate):	
Address:		
City:	State: Zip Code:	
Dhono	Email Addragge	

3. Wages allegedly owed to you Dates and hours worked: Location/s of work performed: Rate of pay: Total dollar amount allegedly owed: _____ Were you working as an employee or a contractor? Employee ____ Contractor ____ 4. Willingness to mediate Mediation is a voluntary process in which neutral mediators guide a conversation between parties to resolve issues between them. The role of the mediator is not to judge or advocate but to help participants see if there is common ground among them that can lead to a negotiated resolution. Are you willing to mediate? Yes ____ No ___ 5. Signature I understand that any complaint must be made under oath as required by the Boulder Revised Code. I swear or affirm under penalty of perjury under the laws of the United States of America, the State of Colorado, and the City of Boulder that the information I have provided in this complaint is true and correct, and that my complaint and conduct is not for the purpose of harassment or entrapment of the party that is the subject of the complaint. Executed on the day of the month of in the year , in the city of ,state (Printed Name) (Signature) (Date)

City of Boulder, Colorado Housing and Human Services Department Office of Human Rights