



Failure to Pay Wages Complaint Form

You may fill out a discrimination complaint form in two ways:

1. Print this page. Then, fill out the form by hand.
2. Fill out the form electronically <https://bouldercolorado.gov/community-relations/human-rights-and-wage-enforcement>.

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

1. Mail the form to the City of Boulder Office of Human Rights, 2160 Spruce Street, Boulder CO 80302; or
2. Drop off the form in person Monday through Friday 8:00 a.m. to 5:00 p.m.

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 (if appropriate): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

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

Sign to affirm that you have completed the above complaint; that the above complaint is true to the best of your knowledge and belief; and that the above complaint and your conduct are not for the purpose of harassment or entrapment of the person, employer, or organization against who this complaint is filed.

Complainant Signature: _____ Date: ___/___/___

City of Boulder Witness: _____ Date: ___/___/___

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

2160 Spruce Street · P.O. Box 791 · Boulder, Colorado 80306
www.boulderhumanrights.com