

**City of Boulder
Office of Human Rights
2160 Spruce St.
Boulder, CO
Phone: 303-441-3141
Fax: 303-441-4348**

Note: If you are unable to SUBMIT using the button above, complete and SAVE this form to your computer and email to atilanoc@bouldercolorado.gov.

Failure to Pay Wages Complaint Form

You may submit a failure to pay wages complaint by completing this form and clicking “Click to SUBMIT” which will email it to the appropriate City of Boulder staff member. You may want to save and/or print a copy for your records. You may also mail, fax or drop off your complaint at the above address. After you have submitted the form, you will be contacted to schedule an appointment. A complaint is not processed until you have met with a staff member who will review your complaint and have you sign the Failure to Pay Wages Complaint Form.

If you have questions or need assistance completing the form, you may call the Office of Human Rights at 303-441-3141 or email atilanoc@bouldercolorado.gov to have a staff member contact you, typically within two business days from receipt of your request.

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1. Personal Information:

Full Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Email _____

2. Party of alleged failure to pay wages:

Name _____
Official Corporate Name (if appropriate) _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

3. Wages allegedly owed to you:

Rate of Pay _____
Dates and hours worked:

Where work was performed _____

Total dollar amount allegedly owed _____

4. Are you willing to mediate: Yes No

Thank you for completing this form. It is not official until you have met with a city staff member and your signature has been witnessed with a photo ID. You will be contacted shortly to schedule an appointment.

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This statement and my conduct are not for the purpose of harassment or entrapment of the person, employer, or organization against who this complaint is filed.

I affirm that I am, _____, that I have completed the above complaint and that it is true to the best of my knowledge and belief.

Signature

Date

Witness of Complainant's Signature

Date