



COLORADO CIVIL RIGHTS DIVISION

Employment Complaint Intake Packet

If you would like to be provided with a Complaint Intake Packet in Spanish, please let us know.
Si usted prefiere llenar este formulario en español, llame al número principal.

Submit Completed Complaint Forms to:

Colorado Civil Rights Division, Attn: Intake Unit
1560 Broadway, Suite 1050, Denver, CO 80202-5143
303-894-2997
303-894-7830 (fax)
800-262-4845 (toll free)
www.dora.state.co.us/civil-rights

To start, please review the Description of the Colorado Civil Rights Division Complaint Intake Process:

You MUST Submit Form I, Form II, Form III and Form IV (if Form IV applies)

Use this checklist to guide you

You MUST Sign the Forms required to be signed.

1. ___ Form I (Employment Intake Questionnaire)
2. ___ Form II (Statement of Discrimination)
3. ___ Form III (Statement regarding Minimizing Damages)

And, if you are filing a disability complaint, you must also submit:

4. ___ Form IV (Disability Questionnaire)

IMPORTANT NOTICE: Submittal of these forms DOES NOT constitute the filing of a Charge. Several additional steps must be taken after the filing of your Complaint Intake Packet, and thus it is vital that you submit this initial documentation well before the deadline required by the law.

Description of Complaint Intake Process

Jurisdiction

The Colorado Civil Rights Division handles **employment** complaints in which discrimination has allegedly occurred on the basis of one or more of the following:

Sex	Race	Color
National Origin	Ancestry	Marriage to a Co-Worker
Creed	Religion	Disability
Age (40 through 69)	Sexual Orientation (including Transgender status)	Retaliation (for opposing a discriminatory practice)

Time Limits

In **employment complaints**, you must file your charge within **SIX (6) MONTHS** of the date that you are alleging you experienced discrimination based on one of the above protected classes.

(Filing of the complaint intake packet does not constitute filing of the charge, therefore remember to submit the complaint intake packet **well before the 6 MONTH time limit**, to allow time for the charge to be drafted, signed, and returned to the Division).

Your Responsibilities and Rights as a Charging Party

1. You must call the Division to update your contact information when it changes. The Division is not responsible for lost mailings. Further, if you cannot be contacted, your case may be placed on hold and jurisdiction may lapse. It is in your best interest to ensure that the Division knows how to contact you.
2. You must cooperate with the investigation. Failure to cooperate or provide timely responses to requests for information or questions may result in a decision issued against your interest.
3. You must read all of the information in this packet and provide all of the required documentation.

What Happens Now?

The Division's process has many steps and there are several options for you to choose while we pursue your complaint. **Please read all of the following information thoroughly.**

Step 1: The Intake Process

If your documentation is complete, the Division will assign your complaint to an Intake Specialist. The Intake Specialist will contact you to speak with you about your complaint. The Intake Specialist will then draft a Charge of Discrimination and send it to you for your signature. Only when the Charge of Discrimination has been returned to the Division with your signature will your complaint be considered "filed" as a formal Charge of Discrimination. Until this point, your complaint remains subject to the **SIX MONTH filing deadline.**

Step 2: Signing and Returning the Charge of Discrimination

Once you have signed and returned the Charge of Discrimination, your complaint is filed and the Intake Specialist will "serve" the Respondent with the Charge of Discrimination, your Statement of Discrimination, and a Request for Information from the Division. Once the Respondent is served, your Complaint will be assigned to an Investigator.

Step 3: Optional Mediation

If requested by either party, a Division mediator in the Alternative Dispute Resolution (ADR) Unit will attempt to schedule a mediation or settlement conference. This meeting is a voluntary informal meeting held between the parties by a Division mediator, and is an opportunity to resolve your complaint before an investigation is undertaken. For this step to occur, both you and the Respondent must agree to mediation within a reasonable amount of time. If the mediation is successful, a settlement agreement between you and the Respondent will be signed. If mediation is not scheduled or is unsuccessful, an investigation will be conducted.

Step 4: Reviewing the Respondent's Evidence and Drafting a Rebuttal

After the Respondent has provided a response (called a "position statement") to the Request for Information, the position statement will be sent to you. The position statement is a narrative that responds to your allegations of discrimination. Please note that the Respondent may have submitted additional evidence, such as exhibits, that are not included with what the Division has sent to you. You may view all of the evidence but must arrange to do so with the Investigator assigned to the case. Copying charges will be assessed for any copies made. You may also appear in person to view the file at any time during the investigation.

Once you have received the Respondent's position statement, you may, but are not required to, draft and submit a "rebuttal statement" responding to the statement and the evidence. This may also be your last chance to provide additional evidence, which should be attached to your rebuttal statement when it is sent to the investigator. You must submit this rebuttal statement within thirty (30) days of receiving the Respondent's position statement.

The investigator will also obtain other relevant information and/or documents from third parties during the investigation.

Step 5: Determination

Unless the Investigator has further questions, your next contact with the Division will be a Letter of Determination. This Determination is the Director's, or the Director's designee's, decision regarding your charge. The potential outcomes are:

- a) *No Probable Cause*: This is a decision **not** in your favor.
- b) *Probable Cause*: This is a decision **in** your favor.

No Probable Cause Determination

If you receive a No Probable Cause Determination, you will have ten (10) days within which to file an appeal with the Colorado Civil Rights Commission. Your appeal must include new or additional information not previously considered during the course of the investigation. At the time of the issuance of a No Probable Cause Determination, you will be provided with further information about the appeal process. If you do not file an appeal, your charge will be dismissed.

Probable Cause Determination

If a *Probable Cause* Determination is issued, you must participate in mandatory mediation ("conciliation") attempts with the Respondent(s) and a mediator provided by the Division. Conciliation is an attempt to formally resolve your case by way of settlement. If it is not settled, the case will be referred to the Colorado Civil Rights Commission for review. The Commission may, in its discretion and for any reason, set your case for public hearing or dismiss it.

Frequently Asked Questions

- Q. I believe that I have been discriminated against but my claim does not fall under any of your categories. What can I do?
- A. *In this case, you may contact the Division before filling out any of the paperwork and we will inform you whether we have jurisdiction over your claim. If we believe that we do not, we will make our best attempt to refer you to the correct resource.*
- Q. What does "sexual orientation" mean concerning the Colorado Anti-Discrimination Act?
- A. *"Sexual orientation" means heterosexuality, homosexuality (lesbian or gay), bisexuality, and transgender (which means having a gender identity or gender expression that differs from societal expectations based on gender assigned at birth). The Colorado Anti-Discrimination Act has been expanded to include prohibition for acts of discrimination against a person based upon that person's sexual orientation to the list of protected classes in the area of employment, housing, and public accommodations.*
- Q. How long will it take to process my claim?
- A. *The Division's process can be lengthy and requires patience from you, the Charging Party. From beginning to end, it can take from six months to a year, or more. You have the right to be notified when our jurisdiction on your case will cease. You also have the responsibility to keep track of the age of your case. You may initiate a motion for extension of time to preserve the Division's jurisdiction, which the staff will file.*
- Q. Will the Division act as my attorney?
- A. *The Division is a neutral, third-party, state agency that conducts investigations, mediations and conciliations. It does not and cannot represent you in any legal action. If you wish to be represented, you may contact an attorney.*
- Q. Do I need an attorney?
- A. *An attorney is not required to file a charge of discrimination with the Division. Unrepresented Charging Parties (i.e. those without attorneys) are treated the same as those with attorneys. However, retaining an attorney may still be of advantage to you in analyzing evidence presented to you by the Division, in providing your own evidence or written statement, and advising you as to all recourses available to you.*
- Q. When can I come in for an interview? I want to speak with someone personally.
- A. *While you may request an in-person interview with a member of the intake or investigative staff, not all requests are granted based on the substantial caseload of the Division. Walk-in interviews without appointments will not be conducted.*

Q. I want to make an offer to settle my case. Do I need to contact the Respondent?

A. *While you are free to interact with the Respondent as you wish, the Division offers "mediation" at the onset of the investigation, during which an attempt to settle your claim is made. Both parties must be willing to engage in the mediation process, as it is not mandatory. If your case has already been assigned to an Investigator, you may contact the investigator to convey settlement offers.*

Q. Is the information that I send to you kept confidential?

A. *Partially. The Division will not divulge any information we receive from you or the Respondent to the public. However, the Respondent may view or may be sent some or all of the information or documentation that you provide during the course of the investigation. Conversely, you are entitled to view any evidence or documentation that the Respondent provides as part of its response. Unlike some other investigations, the Division's process is transparent as applied to you and the Respondent, thus your documentation may not be withheld or kept "secret." If a case is set for hearing by the Commission, the information in the case may at that time be disclosed to the public.*

Q. The Respondent is contacting me! Are they allowed to do this?

A. *Filing a claim with the Division does not preclude the Respondent from contacting you unless such contact is otherwise unlawful. You may ask the Respondent to cease contacting you, or if you are represented by an attorney, you may ask that the Respondent contact your attorney exclusively.*

Q. The deadline for the Respondent to provide a response has passed. What happens now?

A. *Oftentimes, extensions of time for the submission of evidence or the position statement will be granted, and notice of such extensions may not be relayed to you immediately. If you have questions about the status of your case, you may contact the Division or the Investigator assigned to your case.*

Q. I have witnesses to the discriminatory actions that the Respondent took against me. What can I do? What if they do not wish to speak with you?

A. *You may provide us with the witness contact information on the appropriate form (which is provided in this Intake Packet) and the Division will make its best efforts to contact the witness(es) if that person has relevant information. However, your best chance of having witness information included in the file is to have the witness draft a statement, sign and date it, and submit it to us. We cannot force a witness to speak with us.*

Form I: Employment Intake Questionnaire

Colorado Civil Rights Division
 1560 Broadway, Suite 1050
 Denver, Colorado 80202
 303-894-2997 / 800-262-4845 fax: 303-894-7830
www.dora.state.co.us/civil-rights

If you are Hearing Impaired, to call CCRD, dial: 711
Bilingual staff available (Spanish/English)

Please complete this form as fully as possible. You must provide all of the following information in order for your claim to be processed.

Your Information (Charging Party):

Name					
Address					
City		State		Zip Code	
Phone(s) Home	(include area code)		Work	(include area code)	
Cell	(include area code)		Fax	(include area code)	
Email					

Company You Are Filing Against (Respondent):

Name of Company	
Number of Employees working at Company	Number working at your location: Number working at company overall:
Address (where you worked)	
City, State, Zip Code	
Telephone Number	(include area code)
Contact Person	
Your most recent job title	
Names this company is known by	
Company's name on your paycheck	

When were you hired by the employer?	Date (month/day/year):
What date did you first experience discrimination within the past six (6) months?	Date (month/day/year):
What date did you last experience discrimination?	Date (month/day/year):
If applicable, when was your last date of employment?	Date (month/day/year):

Have you ever filed a claim against this Respondent with one of these agencies?

If so, provide the case number, date, and status

EEOC Yes ___ No ___	CCRD Yes ___ No ___	SPB Yes ___ No ___
Case No.:	Case No.:	Case No.:
Date Filed:	Date Filed:	Date Filed:
Status:	Status:	Status:

What happened to you that was discriminatory? (Mark box at the LEFT of all that apply AND provide the date):

<input type="checkbox"/>	Discharged / Fired / Terminated	DATE:	<input type="checkbox"/>	Suspended	DATE:
<input type="checkbox"/>	Laid Off	DATE:	<input type="checkbox"/>	Refused disability accommodation	DATE:
<input type="checkbox"/>	Demoted:	DATE:	<input type="checkbox"/>	Refused religious accommodation	DATE:
<input type="checkbox"/>	Not Promoted	DATE:	<input type="checkbox"/>	Disciplined (e.g. written warnings)	DATE:
<input type="checkbox"/>	Not Hired or Rehired	DATE:	<input type="checkbox"/>	Harassment	DATE:
<input type="checkbox"/>	Matters involving compensation/pay	DATE:	<input type="checkbox"/>	❖ <i>Co-worker</i>	
<input type="checkbox"/>	Constructively discharged (things were so bad you felt you had to resign)	DATE:	<input type="checkbox"/>	❖ <i>Supervisor</i>	
<input type="checkbox"/>	Aided and abetted or assisted the Respondent in discriminating against me	DATE:	<input type="checkbox"/>	❖ <i>Other (non-employee, vendor, etc.)</i>	
<input type="checkbox"/>	Terms and Conditions (work hours, office location, etc.)	DATE:	<input type="checkbox"/>	❖ Was this Sexual Harassment?	

Why do you believe the Respondent discriminated against you (basis)? Mark the box at the LEFT of all that apply:

<input type="checkbox"/>	Race (Identify):	<input type="checkbox"/>	Marriage to a Co-Worker
<input type="checkbox"/>	National Origin/Ancestry (Identify):	<input type="checkbox"/>	Religion (Identify):
<input type="checkbox"/>	Color (Identify):	<input type="checkbox"/>	Creed (Identify):
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Age (what is your birth date MM/YY) :
<input type="checkbox"/>	❖ Mental	<input type="checkbox"/>	Sex
<input type="checkbox"/>	❖ Physical	<input type="checkbox"/>	❖ Male
<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	❖ Female
<input type="checkbox"/>	❖ Transgender	<input type="checkbox"/>	❖ Pregnant

Retaliation

IMPORTANT: “Retaliation” is when an employer, or a supervisor or co-worker with that employer, takes adverse action against you because you “opposed unlawful discrimination” or “because you participated in an employment discrimination proceeding.” Opposing unlawful discrimination includes activities such as complaining of harassment or objecting to unlawful discrimination based on your or another person’s protected class as defined in the applicable Colorado civil rights statutes. Participating in an employment discrimination proceeding includes testifying in a civil rights-related investigation or trial or filing a complaint of discrimination with your employer or with an agency such as the Colorado Civil Rights Division. Activities qualified for retaliation protection do not include such actions as applying for Workers’ Compensation Benefits or Unemployment Insurance.

Having read the above explanation, were you retaliated against by the Respondent within the last six months?

Yes	No
Yes	No

Did you oppose unlawful discrimination or participate in an employment discrimination proceeding?

If the employer hired someone to fill your position, please state the name of that person below:

Name: _____

Witness Information

Please provide the names of any witnesses who can provide information regarding your specific claims of discrimination. While the Colorado Civil Rights Division will make its best effort to contact witnesses who have relevant testimony, please be aware that the best way to ensure that witness statements will be included in your file is to have each witness submit a written (preferably notarized) statement.

If you require more room, you may attach a sheet to this form. If you decide to submit additional sheets of paper regarding Witnesses, please identify them in the same manner as below.

Witness 1:

Name					
Address					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone		(include area code)	
Cell Phone	(include area code)	Fax		(include area code)	
Email					
<u>What can this witness tell us?</u>					

Witness 2:

Name					
Address					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone		(include area code)	
Cell Phone	(include area code)	Fax		(include area code)	
Email					
<u>What can this witness tell us?</u>					

Witness 3:

Name					
Address					
City		State		Zip Code	
Home Phone	(include area code)	Work Phone		(include area code)	
Cell Phone	(include area code)	Fax		(include area code)	
Email					
<u>What can this witness tell us?</u>					

Form II: Statement of Discrimination

Colorado Civil Rights Division

www.dora.state.co.us/civil-rights

Instructions: Draft a statement chronologically (timeline of events with dates) detailing the incidents that provide the basis for your complaint of civil rights discrimination. If you require additional sheets of paper, you may attach them to this form. You may also provide a sworn affidavit or other signed statement in lieu of completing the form below.

Your statement must be signed and dated and you may choose to have it notarized.

For each incident, provide the following information:

- a) Full Name and Job Title of the individuals involved;
- b) Date (including month, day and year); and,
- c) Why you think the incident or action taken was discriminatory (e.g. "This incident shows that I was fired because of my age").

Additionally, answer the following questions completely and honestly, if relevant:

- 1) Did you ever complain of discriminatory treatment? If yes, to whom and when. What was done, if anything?
- 2) Was anyone treated more favorably than you? Who? Provide information related to their protected classes (e.g. if you are alleging race discrimination, what is the person's race? If age discrimination, what was the person's age?)
- 3) Did the employer give you any reason for any adverse action? What was it? Were you ever written up or given negative performance reviews? This information will be requested by the Division and thus should be disclosed by you.
- 4) Provide detailed information on why you believe that you have been discriminated against. For example, if you indicated race and age discrimination as well as retaliation on the Employment Intake Questionnaire, you must explain in your statement why you did so. Provide an explanation for each selection that you made in the Employment Intake Questionnaire.

Form III: Minimizing Damages Statement

Colorado Civil Rights Division

www.dora.state.co.us/civil-rights

MINIMIZING DAMAGES

(Please print or type your name)

I, the Charging Party, understand that I may be entitled to damages for loss of back pay because of discriminatory acts on the part of my employer. However, I also understand that I have a duty to minimize those damages by seeking comparable employment. I will keep records of all attempts to seek comparable employment. These records will contain the name of the agency or place where I sought employment, the date applied, the person contacted, and the position(s) for which I applied. I will also keep records of all wages I have earned, documenting and/or recording the amounts I have earned from each employer. I will submit these records to the Colorado Civil Rights Division upon its request. My signature affixed below certifies that I have read, understand and have received a copy of this statement.

Signature: _____

(CHARGING PARTY)

Date: _____

Form IV: Disability Questionnaire

Colorado Civil Rights Division

www.dora.state.co.us/civil-rights

IMPORTANT: If you are alleging that you have a perceived or actual disability, please **Complete** this Questionnaire and **Sign** the last page.

Your Name			
Type of Impairment (explain):			
Healthcare Provider's Diagnosis:			
Is your impairment:	Yes	No	
❖ Permanent/Long Term?			
❖ Temporary/Short Term?			
❖ Undetermined?			

What major life activity(ies) is/are substantially limited by your impairment, or, if you have a perceived disability, what major life activity(ies) do others believe your perceived disability affects? (Mark the box for all that apply)

<input type="checkbox"/>	Seeing	<input type="checkbox"/>	Learning
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Working
<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Lifting
<input type="checkbox"/>	Sleeping	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Caring for yourself
<input type="checkbox"/>	Performing Manual Tasks	<input type="checkbox"/>	Bending
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Thinking
<input type="checkbox"/>	Communicating	<input type="checkbox"/>	Concentrating
<input type="checkbox"/>	The operation of a bodily function	<input type="checkbox"/>	Pregnant

State any helpful measures to eliminate or control symptoms or limitations of your impairment(s), such as medication, assistive devices, exercise, etc.

IMPORTANT: Within 2 months of filing this form, you **must** provide a copy of:

1. YOUR HEALTHCARE PROVIDER'S DIAGNOSIS OF YOUR CONDITION(S);
2. YOUR HEALTHCARE PROVIDER'S STATEMENT AS TO HOW THIS CONDITION AFFECTS ANY MAJOR LIFE ACTIVITY;
3. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WHETHER THE IMPAIRMENT IS PERMANENT; and,
4. YOUR HEALTHCARE PROVIDER'S ASSESSMENT OF WORK RESTRICTIONS THAT MAY BE REQUIRED BECAUSE OF YOUR DISABILITY.

Healthcare Provider:

Name					
Address					
City		State		Zip Code	
Phone (s) Office	(include area code)	Fax	(include area code)		
Email					

Healthcare Provider:

Name					
Address					
City		State		Zip Code	
Phone (s) Office	(include area code)	Fax	(include area code)		
Email					

Is your employer/former employer aware of your impairment?

Yes	No
-----	----

How does this employer know of your impairment? _____ _____

Does this employer have a record of your impairment?

Yes	No
-----	----

What date did you provide this employer with this record(s)? Date: _____

Were you, or are you, qualified for the position for which you applied, or from which you were terminated?

Yes	No
-----	----

Describe your qualifications for this position:

Education:
Experience:
Skills:
Other:

Were you able to perform the essential functions of this position?

Yes	No
-----	----

Could you perform the essential functions of this position WITH a "reasonable accommodation" provided by the employer?

Yes	No
-----	----

Could you perform the essential functions of this position WITHOUT a "reasonable accommodation" provided by the employer?

Yes	No
-----	----

Did you ever ask the employer for an "accommodation" so that you could perform the essential functions of the job?

Yes	No
-----	----

If "Yes", who did you ask? Name(s) and job title(s):

If "Yes", what date(s) did you make your request?

If "Yes", what type of accommodation did you request?

What was the employer's response to your request(s); did the employer provide accommodation?

Who responded? Name(s) and job title(s):

When did the person respond? Date(s):

Were you asked questions by the employer about your impairment or the use of sick leave?

Yes	No
-----	----

Explain:

Signature [Form IV, Disability Questionnaire]

Signature: _____
(CHARGING PARTY)

Date: _____