



**COLORADO**

**Consolidated Appeal & Dispute Form  
Colorado State Personnel Board and State Personnel Director**

This consolidated form is provided for employees and/or job applicants who are filing appeals or disputes with the State Personnel Board or State Personnel Director. A copy of the Board Rules and Director’s Administrative Procedures can be found at <https://spb.colorado.gov>. If you have a Partnership Agreement dispute, do not use this form. Instead please contact Colorado WINS at [info@cowins.org](mailto:info@cowins.org) or visit <https://cowins.org>.

Please follow the [INSTRUCTIONS](#) provided for completing the Consolidated Appeal and Dispute Form.

**PART 1 - General Information and Disputed Employment Action**

**(1) INFORMATION ABOUT EMPLOYEE/JOB APPLICANT (“COMPLAINANT”)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL (REQUIRED) - (Please print clearly): \_\_\_\_\_ PHONE \_\_\_\_\_

(2) I am/was a certified state employee Yes No (3) I am/was a probationary employee Yes No

(4) Have you retained an attorney to assist you in this matter? Yes No

(4.1) If yes, provide attorney's information below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL (REQUIRED) - (Please print clearly): \_\_\_\_\_ PHONE: \_\_\_\_\_

**(5) THE DEPARTMENT/COLLEGE/UNIVERSITY WHOSE ACTION IS BEING APPEALED OR DISPUTED (“RESPONDENT”)**

DEPARTMENT/COLLEGE/UNIVERSITY: \_\_\_\_\_

NAME OF PERSON TAKING ACTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

# State of Colorado: Consolidated Appeal & Dispute Form

(6) SPECIFIC ACTION YOU BELIEVE WAS IMPROPER and REASON(S) YOU DISAGREE WITH THE ACTION

(7) Were you notified in writing of the action? Yes No - If verbal, please describe

(7.1) Date you received notification: \_\_\_\_\_ (You must attach a copy of any written notification of the action that you received)

(8) RELIEF REQUESTED (What do you want as a result of this appeal?)

If you require additional space to answer questions 6 through 8, please do so in question 10 or attach a separate page.

# State of Colorado: Consolidated Appeal & Dispute Form

## PART 2 - Filing an appeal with the State Personnel Board

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### (9) TYPE OF APPEAL WITH THE STATE PERSONNEL BOARD

- 9.1 **Discipline/Actions That Impact Pay, Status, or Tenure.** A certified state employee may appeal a disciplinary action (such as a termination or demotion). A certified state employee may also appeal other actions that adversely affect the employee’s pay, status, or tenure.
- 9.2 **Grievance:** An employee may file an appeal of a Step Two Grievance Decision to the Board. Check if you believe the Step Two Grievance Decision violates:
- An employee’s rights under the federal or state constitution;
  - The Colorado Anti-Discrimination Act (CADA);
  - The Whistleblower Act (you must attach a separate [whistleblower complaint form](#)); or
  - The Board’s grievance rules or the department’s grievance procedures.
- 9.3 **Colorado Anti-Discrimination Act (CADA) and CADA Retaliation:** Employees and applicants may appeal employment actions that violate CADA. Please check all that apply:
- |  |   |
|--|---|
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Race               |
| <input type="checkbox"/> Creed           | <input type="checkbox"/> Color              |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Age                |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Ancestry           |
- 9.4 **Whistleblower Retaliation:** Employees may appeal employment actions that violate the State Employee Protection Act (commonly referred to as the “Whistleblower Act”). For example, the employee claims the action occurred in retaliation for disclosing a waste of public funds. You must attach a separate [whistleblower complaint form](#).
- 9.5 **Director’s Decision regarding Comparative Analysis:** A certified employee is requesting a discretionary review after receiving the final decision of the State Personnel Director regarding their removal from consideration for selection during the comparative analysis process.
- 9.6 **Other:**
- Forced Resignation:** You believe you were forced or coerced to resign.
  - Layoff:** Your position was eliminated; or upwardly/downwardly allocated to a different class in the course of a layoff.
  - Administrative Discharge:** You were separated administratively.
  - Other:** Please Describe \_\_\_\_\_
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# State of Colorado: Consolidated Appeal & Dispute Form

(10) ANY FURTHER INFORMATION TO DESCRIBE YOUR APPEAL WITH THE BOARD.

# State of Colorado: Consolidated Appeal & Dispute Form

## PART 3 - Filing an appeal or dispute with the Director (State Personnel Director)

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### (11) TYPE OF APPEAL WITH THE DIRECTOR

11.1 An allocation of your position to a lower pay grade, that you currently occupy and you are currently certified.

11.2 You are an applicant and object to the removal of your application from further consideration in a selection process. Please check all that apply:

Comparative Analysis Process

Not Selected after Interview

Background Check

Examination

Minimum Qualification

Suitability Screening

Probationary Employee

Non-classified Employee

Not Eligible to Apply

Not a State Resident

11.3 A general matter of administration of the state personnel system or as mandated by law. These include alleged violations to the Fair Labor Standards Act and Family Medical Leave Act.

Fair Labor Standards Act

Family Medical Leave Act

Other

### (12) TYPE OF PERFORMANCE MANAGEMENT EXTERNAL DISPUTE WITH THE DIRECTOR

12.1 Your individual final overall performance evaluation, including a lack of an individual overall annual performance evaluation; or

12.2 Application of a department's performance management program to your individual annual final overall evaluation.

### (13) ANY FURTHER INFORMATION TO DESCRIBE YOUR APPEAL or DISPUTE WITH THE DIRECTOR.

# State of Colorado: Consolidated Appeal & Dispute Form

## PART 4 - Signature and Certification of Delivery

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You (the “Complainant”) must sign this form or, if applicable, a legal representative.

Your signature also certifies that a copy of this appeal has been provided to the Department/College/University (the “Respondent”) as identified by you in *PART 1 - General Information and Disputed Employment Action*.

Signature by a legal representative constitutes an entry of appearance for an appeal. All documents and correspondence will be sent to the person signing this form.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# State of Colorado: Consolidated Appeal & Dispute Form

## INSTRUCTIONS

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The Consolidated Appeal/Dispute Form is required for filing an appeal with the State Personnel Board or a State Personnel Director's external review as laid out in the Code of Colorado Regulations (CCR), 4 CCR 801-1, *State Personnel Board Rules and Director's Administrative Procedures* (Rules), in Chapter 8, *Resolution of Appeals and Disputes*. The entire Rules document is published on the Colorado Secretary of State's website: [State Personnel Board Rules and State Personnel Director's Administrative Procedures](#).

The Consolidate Appeal/Dispute Form can be found on the State Personnel Board's website: <https://spb.colorado.gov/forms-and-filing>.

Pursuant to the Americans with Disabilities Act (ADA), accommodations for completing the form are available. For questions please contact the State Personnel Board for assistance at (303) 866-3300.

## I. DEADLINES FOR FILING PERIODS

Appeals to the State Personnel Board or the State Personnel Director must be received or postmarked within the filing period:

Appeals shall be filed with the Board no later than ten (10) days after receipt of the written notice of the action, or if no notice was received, no later than than (10) days after the employee knew or should have known of the alleged improper action.

Performance External Disputes to the State Personnel Director must be received or postmarked within the filing period:

Director's External Dispute for performance shall be filed with the Board within five (5) days from when the employee received the final department decision regarding the internal dispute. The first day of the count is the day after the date on the department's notification and each calendar day thereafter.

## II. FILLING OUT THE FORM

### PART 1 - General Information and Disputed Employment Action

The form may be printed out and filled in by hand, or completed online and saved to your personal computer and printed out. You may attach additional sheets if necessary, but please note which numbered question the information on the additional sheets applies to.

**(1) Identification of Employee/Job Applicant ("Complainant"). YOU are the Complainant.**

- Clearly print your name, your mailing address, your telephone number and your email address.
- You **MUST** provide an email address where you can promptly receive orders and notices that the Board will send you.
- If you do not have an email address, you must request permission in writing to use only a postal mailing address.
- It is your responsibility to notify the State Personnel Board or, if your matter is referred, the State Personnel Director, of any change in your contact information. Failure to do so may result in dismissal of your action.

# State of Colorado: Consolidated Appeal & Dispute Form

## **(2) (3) Certified or Probationary Status.**

- “Certified” refers to a state employee who has completed the probationary or trial service period.
- Indicate whether you are or were a probationary employee or a certified state employee.

## **(4) Attorney Representation.**

- You may obtain legal counsel at any time to represent you OR you may represent yourself.
- If you retain an attorney, please provide the attorney’s name, mailing address, email address and phone number.

## **(5) The Department/College/University Whose Action is Being Appealed or Disputed (“Respondent”).**

- The department, agency, college or university whose action you are appealing is the Respondent. Provide their full name.
- Provide the name of the person who took the final action that you are appealing, and the business address of the department, agency, college or university.

## **(6) Specific Action you believe was Improper and Reasons you Disagree with the Action.**

- Describe the action taken against you and the reason(s) for your appeal or dispute.

## **(7) Notification of Action.**

- If you received written notification of the action, indicate “yes” and provide the date you received that notification.
- You must attach a copy of the written notice of the action you are appealing or disputing.
- If you cannot provide a copy of the written notification, you must explain why you cannot do so.
- If the notification was verbal, please describe how you were notified, who notified you, when you were notified and describe the conversation.

## **(8) Relief Requested.**

- What remedy do you want as a result of your appeal?

## **PART 2 - Filing an appeal with the State Personnel Board**

### **(9) Type of Appeal with the State Personnel Board.**

- Check the boxes next to the type of appeal that you believe apply.

### **(10) Any Further Information to Describe Your Appeal with the State Personnel Board.**

- Please provide any additional information about your appeal.

## **PART 3 - Filing an appeal or dispute with the State Personnel Director**

### **(11) Type of Appeal with the Director.**

- Check the boxes next to the type of appeal that you believe apply.

### **(12) Type of Performance Management External Dispute with the Director.**



# State of Colorado: Consolidated Appeal & Dispute Form

- Check the boxes next to the type of dispute that you believe apply.

(13) **Any Further Information to Describe the Type of Action You are Filing with the Director.**

- Please provide any additional information about your appeal/dispute.

## [PART 4 - Signature and Certification of Delivery](#)

### Signature and Certification of Delivery.

- The form must be signed by you (the “Complainant”), or your attorney.
- Signing the form is certifying that the delivery of information was also provided to the Respondent.
- You must provide a copy of your appeal to the Respondent (the department, agency, college or university) whose action you are appealing as identified by you in *PART 1 - General Information and Disputed Employment Action*.

## III. INSTRUCTION FOR FILING THE APPEAL

Filings can be by mail, hand-delivery, fax or email. Send the completed form with all supporting attachments to the State Personnel Board and provide a copy to the Department/College/University (the “Respondent”) identified by you (the “Complainant”) in *PART 1 - General Information and Disputed Employment Action* of this document.

State Personnel Board  
1525 Sherman Street, 4th Floor, Denver, Colorado 80203  
Fax Number: 303-866-5038  
Email filings: [dpa\\_state.personnelboard@state.co.us](mailto:dpa_state.personnelboard@state.co.us)

### ACCEPTABLE METHODS OF FILING THE FORM

All filings must be delivered to the State Personnel Board within the filing period in one of the following methods:

- **United States Postal Service (USPS) or Commercial Delivery Service:** postmark must be on or before the last day of the filing period.
- **Hand-delivery:** by close of business 5:00 p.m. on or before the last day of the filing period.
- **Fax:** by close of business 5:00 p.m. on or before the last day of the filing period.
- **Email:** by close of business 5:00 p.m. on or before the last day of the filing period. Subject lines of the filings should include: (a) case name; (b) case number (if a new appeal, write “New Appeal”); and (c) the phrase “Electronic Filing.” Example: “Doe v. Roe (2020B879) (Electronic Filing).”

**YOU MUST PROMPTLY NOTIFY** the Board in writing of any changes to your contact information.

**NOTE** You will receive copies of Board Orders and Director’s correspondence by email ONLY, and therefore, providing an email address is mandatory. If you do not have access to email or a computer, you must request an exemption in writing from the Board.

## IV. AFTER FILING YOUR APPEAL

After a Consolidated Appeal/Dispute Form is filed, your appeal or dispute will be reviewed and will either proceed with the State Personnel Board or will be referred to the State Personnel Director’s office for further action as appropriate.

# State of Colorado: Consolidated Appeal & Dispute Form

You will receive notification via email advising you of the next step in the process.

If you have any questions about the appeal process, please contact the State Personnel Board at 303-866-3300. The State Personnel Board cannot provide legal advice.

## V. EXCLUSIONS

### Appeals to the State Personnel Board Exclusions

Employees do not have the right to a hearing in the following situations:

- Discipline of probationary employees for unsatisfactory performance;
- Reversion of trial service employees for unsatisfactory performance;
- Demotion of conditional employees to the class in which last certified; and
- Resignations in lieu of a disciplinary action.

However, employees may ask the Board to grant a discretionary hearing in the above-listed situations if the situation falls under Chapter 8, Part A, Section IV.

The following items are not subject to the grievance process:

- Disciplinary actions;
- Any action that adversely affects pay, status, or tenure;
- Selection disputes;
- Performance management disputes that do not result in a disciplinary action;
- Coverage designation disputes;
- In-range salary movements;
- Issues pertaining to leave sharing;
- Discretionary pay differentials; and
- Hazardous duty premium pay

### Appeals to the State Personnel Director Exclusions

The State Personnel Director shall not review actions filed under the jurisdiction of the State Personnel Board which include grievances, discipline or any actions that impact pay, status, or tenure, or claims that allege whistleblower, discrimination or retaliation. Refer back to Chapter 8, Part A, the State Personnel Board's summary.

The State Personnel Director shall not review the following actions:

- Hiring once an applicant has advanced to referral and an applicant received an offer to interview;
- Personal services contracts;
- Job evaluation system and actions;
- Disciplinary actions;
- Any action that adversely affects pay, status, or tenure;
- Performance management disputes that result in a disciplinary action;
- In-range salary movements;
- Issues pertaining to leave sharing;
- Discretionary pay differentials; and
- Hazardous duty premium pay.

# State of Colorado: Consolidated Appeal & Dispute Form

## Performance Management External Disputes Exclusions

The State Personnel Director shall not review actions filed under the jurisdiction of the State Personnel Board which include grievances, discipline or any actions that impact pay, status, or tenure, or claims that allege whistleblower, discrimination or retaliation.

The State Personnel Director shall not review the following actions:

- The content of a department's performance management program;
- Matters related to the funds appropriated; and
- The performance evaluations and merit pay of other employees.

**If you have a Partnership Agreement dispute, do not use this form. Instead please contact Colorado WINS at [info@cowins.org](mailto:info@cowins.org) or visit <https://cowins.org>.**