STATE PERSONNEL BOARD, STATE OF COLORADO		
Case No [Insert case number]		
COMPLAINANT'S INFORMATION SHEET		
, [Insert your name]		
Complainant		
V.		
, [Insert the name of the State Agency/Employer]		
Respondent		

## **GENERAL INSTRUCTIONS**

Your Information Sheet must not exceed 10 pages in length, but exhibits do not count toward the 10-page limit.

You bear the burden of demonstrating the existence of valid issues that merit a hearing. The Board may use its discretion to grant an evidentiary hearing in the following situations:

- (A) A decision of the appointing authority violates:
  - (1) the State Employee Protection Act ("Whistleblower Act");
  - (2) the Colorado Anti-Discrimination Act ("CADA");
  - (3) the Board's grievance procedures or the department's grievance procedures; or
  - (4) a grievance decision that violates an employee's rights under the federal or state constitution.
- (B) A final decision from the State Personnel Director in a "Director's Review" involving the overall administration of the state personnel system violates CADA; or
- (C) A final decision from the State Personnel Director in a "Director's Review" violates any rules or statutes relating to the comparative analysis process.

The Complainant submits the following Information Sheet:

## **FACTUAL ALLEGATIONS**

List the specific allegations you are prepared to prove that support your claims.

What action are you appealing?		
(For example, grievance decision, selection decision, corrective action, etc.)		
What date did the action occur?		
What date were you notified of the action?		
What was your position on the date of the action?		
How long had you been in the position as of the date of the action?		
Were you certified in that position?		
If so, what date were you certified to the position?		
What is your current position?		
(If not currently employed with the state agency, write: "Not currently employed by State.")		
ADDITION	AL FACTS	
Using the numbered paragraph spaces below, describe what happened. Use one to two sentences per paragraph. If a particular exhibit supports an allegation, please reference that exhibit.		
Example: "1. My supervisor was Jane Smith. Refer to Exhibit A at page 1, Performance Review signed by Jane Smith as supervisor."		
1.		
2.		
3.		

4.
5.
6.
7.
8.
9.
10.
11.
12.

13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

## LEGAL ARGUMENT(S)

Please list all statutes or Board rules that support your allegations. Provide any other legal authorities that you believe the Board should consider. In addition to listing legal authorities, please explain how the legal authorities support granting you an evidentiary hearing.		
SUPPORTING INFORMATION		

**WITNESSES** 

List all witnesses you plan to call to testify if a hearing is granted, including the person's name and contact information. Also describe the person's anticipated testimony and explain how the testimony will support your case.
Name:
Email Address:
Telephone Number:
Description of Testimony:
Name:
Email Address:
Telephone Number:
Description of Testimony:
Name:
Email Address:
Telephone Number:
Description of Testimony:
Name:

Email Ad	dress:
Telephon	e Number:
Descripti	on of Testimony:
Name:	
Email Ad	dress:
Telephon	e Number:
Descripti	on of Testimony:
	EXHIBITS
or other p have more after Z, yo You must	escribe any exhibits that support your allegations. Exhibits can be documents, recordings, hysical items that support your claims. Your exhibits should be marked using letters. If you e than 26 exhibits, you must use A1 to A99, B1 to B99, C1 to C99, and so forth (example: our next exhibits will be A1, A2, A3, and so forth).  It provide a copy of your exhibits to the Board and to the other side when you file your on Sheet with the Board.
Exhibit	Description (name or title of the exhibit, date, author, etc.)
Α	
В	
С	
D	
E	
F	
G	

Н		
I		
J		
K		
L		
М		
N		
0		
Р		
Q		
R		
S		
Т		
U		
V		
W		
X		
Υ		
Z		
A1		
A2		
А3		
	REMEDIES AND RELIEF	
List the remedies and/or relief you are requesting. If you are requesting the Board to order the other side to do something, please specify what you want the Board to order. If you are requesting money damages, please list the precise amount and the basis for requesting that amount. If you are requesting another type of remedy, please specify the nature of your request.		
I am requesting the following remedy or remedies:		

SIGNA	ATURE
Full name of the person filing this Information Sheet:	Signature:
Email address and phone number of the person filing this Information Sheet:	Date:

SERVICE		
You must provide a copy of this Information Sheet and all exhibits to the other side. Please indicate below who received a copy of this Information Sheet and exhibits. Also indicate how you delivered the copy. Email delivery is preferred. You may use more than one method of delivery.		
Party:	Delivery Method	
Colorado Attorney General's Office Name of attorney:	□U.S. Mail □UPS □FedEx	
Employment Section 1300 Broadway, 10th Floor Denver, CO 80203	☐Hand-delivery/courier☐Email (specify address):	
Other Party (if applicable):	☐U.S. Mail ☐UPS ☐FedEx ☐Hand-delivery/courier ☐ Email (specify address):	
Other Party (if applicable):	☐U.S. Mail ☐UPS ☐FedEx ☐Hand-delivery/courier ☐E Email (specify address):	
CE	RTIFICATE OF SEVICE	
I hereby certify that I have served this Information Sheet and exhibits upon the parties listed above on the date listed below.		
Signature:		
Date:		
You must complete each of these filing ensure timely receipt.	FILING CHECKLIST steps. Note that you may need to hand deliver your filing to	
	to State Personnel Board, 1525 Sherman Street, 4th Floor, a PDF to <a href="mailto:dpa_state.personnelboard@state.co.us">dpa_state.personnelboard@state.co.us</a> .	
	state.co.us	