DR 2121 (03/19/14)
**COLORADO DEPARTMENT OF REVENUE**
*dor_dealers@state.co.us*
*www.colorado.gov/revenue/aid*

*Auto Industry Division, Room 112*
*PO Box 173350*
*Denver CO 80217-3350*
*(303) 205-5604*

# Complaint Form

Page _____

**Please fill out the form below, type or print *clearly*. Return form via: Email: dor_dealers@state.co.us, Hand deliver to the Department of Revenue, Auto Industry Division, 1881 Pierce Street #112. Lakewood, CO 80214, or Mail using the address at the top of this form.** Describe the events in the order in which they happened and include dates, names, and places. Please use extra sheets if needed. Be accurate and detailed as possible. List all witnesses, addresses and phone numbers.

| Name | Email | Cell Phone<br>(  ) |
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**What I have written on this form is true and correct to the best of my knowledge and belief. This information is not confidential and possibly may be released under the Colorado Criminal Justice Records Act.**

| Signature | Date |
|---|---|
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White Copy–Auto Industry Division

Canary Copy–Consumer