

Complaint Form

**Please fill out the form below, type or print *clearly*. Return form via E-mail to: dor_dealers@state.co.us
 OR hand deliver to the Auto Industry Division. The AID Mailing/Physical address can be found on our website:
www.Colorado.gov/Revenue/Aid**

Your Name		Home Phone ()	Cell Phone ()	Email Address	
Home Address			City	State	ZIP
Complaint Against					
Dealership Name				Phone Number ()	
Address			City	State	ZIP
Person Dealt With				Date of Transaction	
Make	Model	Year	Vehicle Identification Number (VIN)		
1. Briefly explain the nature of your complaint.					
2. Have you complained to the general manager or owner of the dealership? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, please contact one of them as soon as possible.</i>					
3. With whom at the dealership have you discussed your complaint?					
4. How has the dealership offered to resolve your complaint?					
5. • Provide full details of your complaint on a separate page and attach to this form. Form DR2121 may also be used to add more details regarding your complaint. • Include one copy of each document relating to your complaint. <i>Failure to do so may cause undue delay in processing.</i> • Send only Photocopies. <i>We do not assume responsibility for original documents.</i>					
The Auto Industry Division focuses on complaints that may have a fraud component. Acceptance of your complaint does not guarantee that an investigation will be initiated. Neither the Auto Industry Division, nor the Colorado Motor Vehicle Dealer Board, has the authority to order compensatory damages or restitution in a case. Regardless of whether your complaint is accepted or not, you may have civil recourse available should you desire to seek it.					
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