

Consumer Complaint

Please fill out the form below and mail it to the above address. Please type or print clearly.

Complainant

Name		Phone (h) (w)		
Home Address		City	State	Zip
Vehicle Model Year and Make	License Plate Number	Vehicle Identification Number		Mileage

Complaint Information

Dealership/Station Name	Dealership/Station Contact	Telephone	
Address	City	State	Zip

Please type or print clearly a brief explanation of the nature of your complaint. 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. Please use additional 8 1/2 x 11 paper, if needed.

Please include legible copies of the documents relating to your complaint. Failure to do so may cause undue delay in processing. If you enclose any documents, please send only photocopies. We do not assume any responsibility for original documents.

NOTICE

The AIR Program will investigate reported violations of state statutes and regulations pertaining to the Emission Program in Colorado. Officers are authorized to advise complainants and stations of options for resolution of complaints. Officers are not permitted to give legal advice.

Signature _____

Date _____