



Colorado Department  
of Public Health  
and Environment

## RADON COMPLAINT FORM

Date: \_\_\_\_\_  
Person filing complaint: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like to remain confidential? YES [ ] NO [ ]

Is this a complaint about a radon measurement provider: YES [ ] NO [ ]

Is this a complaint about a radon mitigation contractor? YES [ ] NO [ ]

Name of person who performed service: \_\_\_\_\_

Certification Number (NRPP or NRSB, if known): \_\_\_\_\_

Name of company providing service: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you find this company?

\_\_\_ Colorado Dept. of Public Health and Environment Certified Providers/Contractors List

\_\_\_ Internet Search

\_\_\_ Telephone Directory

\_\_\_ Friend/Family Referral

\_\_\_ Other

Please provide a detailed description of the problems you encountered with your measurement and/or mitigation services:

Have you contacted the contractor and/or the company? YES [ ] NO [ ]

Did the contractor and/or the company respond? YES [ ] NO [ ]

Please provide details of the response (if applicable):

Do you have photo documentation of the issues? YES [ ] NO [ ]

(If yes, please include photos with your completed complaint form.)

Was the problem resolved? YES [ ] NO [ ]

Have you contacted another company to have your problems corrected? YES [ ] NO [ ]

What company did you contact? \_\_\_\_\_

What deficiencies were discovered?

What recommendations were made?

Has the issue been resolved to your satisfaction? YES [ ] NO [ ]

Please give any further details about your complaint.

\_\_\_\_\_  
Signature of person filing complaint

**Mail completed form to:**

**Chrystine Kelley  
Colorado Department of Public Health and Environment  
HMWMD-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530**

Once your complaint has been received by the Colorado Department of Public Health and Environment (the Department), the complaint will be forwarded to the contractor's certification provider, if applicable. Depending on the situation, Department representatives may or may not contact the contractor in the complaint. Should you have any questions regarding this process, please contact **Chrystine Kelley, Radon Program Manager, at (303) 692-3442.**

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**FOR CDPHE USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_

**RECIPIENT:** \_\_\_\_\_

**FOLLOWUP NOTES:**

<p style="text-align: center;"><b>DISCLAIMER:</b> The Colorado Department of Public Health and Environment will keep your personal information confidential unless otherwise ordered by a court or District Attorney to release such records</p>
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