

CASE # : _____ CODE : _____ STAFF : _____

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Community Protection Division

Tim Johnson, Director
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BOULDER, CO 80306
441-3700, FAX 441-4703

CONSUMER COMPLAINT FORM

We ask that you contact the company first to try and resolve your complaint. If you are unsuccessful then please fill out the following form, answering the questions that pertain to your complaint.

To return the form, mail or fax to the above address/fax #. If you would like to file your complaint on-line, visit www.bouldercounty.org/da.

CONSUMER INFORMATION

Your Name _____

Address _____

City _____

Phone _____ State _____ Zip Code _____
e-mail _____

_____ Home Business FAX Cell or Pager

BUSINESS INFORMATION (Who you are complaining about)

Name _____

Address _____

City _____

Phone _____ State _____ Zip Code _____

_____ FAX Cell or Pager

Person You Dealt With: _____

Please answer the following questions:

1. Have you contacted someone at our office? If so, with whom did you speak?

2. Where did the transaction take place (i.e. where was the work done or where did the money change hands - if they occurred at two different locations, please explain)? (ATTACH COPIES OF CHECKS)

3. The amount of money involved?

4. Was there a contract in this transaction? Did both parties sign it? Where was it signed? (ATTACH COPIES)

5. Did the contract include any dates for completion?

6. Did you receive a written guarantee or warranty? (ATTACH COPY)

7. When you contacted the company regarding the problem, what was their response?

8. What do you consider to be a satisfactory solution?

