

CONSUMER COMPLAINT FORM



MAIL DIRECTLY TO:
Office of the Attorney General
Consumer Protection Section
1525 Sherman Street, 5th floor
Denver, CO 80203

**Ken Salazar
Attorney General
STATE OF COLORADO**



Your complaint will be handled by the Better Business Bureau in the service area where the business is located

YOUR NAME _____

YOUR ADDRESS _____

CITY, _____ STATE _____ ZIP _____

HOME PHONE _____

BUSINESS PHONE _____

E-MAIL ADDRESS _____

NAME OF COMPANY YOU ARE COMPLAINING AGAINST _____

COMPANY'S ADDRESS _____

CITY, _____ STATE _____ ZIP _____

COMPANY'S PHONE _____

COMPANY'S E-MAIL ADDRESS _____

BUSINESS WEBSITE ADDRESS _____

NAME OF SALESPERSON OR PRINCIPAL OF BUSINESS _____

For statistical purposes, please tell us if you are more than 60 years of age? Yes No

PLEASE READ ENCLOSED INSTRUCTIONS BEFORE COMPLETING THIS FORM

Before filing a complaint, the Attorney General and the BBB recommend you try to resolve your dispute with the company management.

Have you discussed the complaint with the owner or manager of the business? Yes No

Name of the person with whom you spoke _____

When did you speak with this person? _____

Product or Service: _____

Date Purchased _____ Order, Contract, Account or Policy # _____

Was the product or service advertised? Yes No

Where? _____ When? _____

Describe any representations made about the product or service _____

Amount in dispute \$ _____ (actual loss only)

WHAT DO YOU CONSIDER TO BE A FAIR RESOLUTION TO SEEK FROM THE BUSINESS?
