

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 compa 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?
