

# Complaint Form

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**Please fill out the form below, type or print *clearly*. Return form via E-mail to: [dor\\_dealers@state.co.us](mailto:dor_dealers@state.co.us) OR hand deliver to the Auto Industry Division. The physical address can be found on the AID website.**  
 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.

Name	Email	Cell Phone
<p><b>What I have written on this form is true and correct to the best of my knowledge and belief. This information is not confidential and possibly may be released under the Colorado Criminal Justice Records Act.</b></p>		
Signature		Date