

## Complaint Form

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: 1707 Cole Blvd. Suite 300, Lakewood, CO 80401.

Your Name

Email Address

Mailing Address

Contact Number

City

State ZIP Code

### Complaint Against

Dealership Name

Phone Number

Address

City

State ZIP Code

Person dealt with

Date of Transaction

Make

Model

Year

Vehicle Identification Number (VIN)

Briefly explain the nature of your complaint. If you need additional room please attach additional pages or a DR 2121.

With whom at the dealership have you discussed the complaint and how has the dealership offered to resolve your complaint?

Please include copies of your purchase documents. FAILURE TO DO SO MAY CAUSE A DELAY IN PROCESSING. Only include copies of the documents as we do not assume responsibility for original documents.

The Auto Industry Division focuses on complaints that may have a fraud component. Acceptance of your complaint does not guarantee that an investigation will be initiated. Neither the Auto Industry Division, nor the Colorado Motor Vehicle Dealer Board, has the authority to order compensatory damages or restitution in a case. Regardless of whether your complaint is accepted or not, you may have civil recourse available should you desire to seek it.

**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.**

Signature

Date