

CASE#: _____ CODE: _____ STAFF: _____

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 to the D.A.'s Consumer Division, P.O. Box 471, Boulder, 80306; or fax to 303-441-4703. If you would like to file your complaint on-line, write to us at da.consumer@co.boulder.co.us .

CONSUMER INFORMATION

Your Name _____

Address _____

City _____

State Zip Code

Phone _____

Home Business FAX Cell or Pager

E-Mail _____

BUSINESS INFORMATION (Who you are complaining about)

Name _____

Address _____

City _____

State Zip Code

Phone _____

FAX Cell or Pager

Person You Dealt With: _____

Please answer the following questions:

1. 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)

2. The amount of money involved?

3. Was there a contract in this transaction? Was it signed by both parties? Where was it signed? (ATTACH COPIES)

4. Did the contract include any dates for completion?

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

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

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

PLEASE ATTACH A SUMMARY OF YOUR COMPLAINT OR USE THE BACK OF THIS FORM TO EXPLAIN YOUR COMPLAINT IN DETAIL.

