



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety - Weights and Measures Section  
 1001 E 62<sup>nd</sup> Ave, Room A-2  
 Denver, CO 80216

Phone: 303-866-4967  
 Fax: 303-866-5863  
 Email: [cdle\\_oil\\_inspection@state.co.us](mailto:cdle_oil_inspection@state.co.us)  
 Web: [www.colorado.gov/ops](http://www.colorado.gov/ops)

# Consumer Complaint Form

(Revised 08/07/2019)

Complete this form and send it to OPS via email, postal mail or fax using the information above. If you have any questions, please contact us at 303-866-4967.

## Contact Information

Name:			
Address:			
City/State/ZIP:			
Phone Number:			
Email Address:			
Do you wish to remain anonymous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you wish to be notified of the results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Retail Station Information

Retail Station Name:			
Retail Station Address:			
City/State/ZIP:		County:	
Phone Number:			

## Complaint Information

Date of Fuel Purchase:		Time of Fuel Purchase:	
Fuel Product Purchased:		Fuel Grade Purchased:	
Fuel Price per Gallon	\$ /gal	Quantity of Fuel Purchased:	gal
Do you have the receipt for this fuel purchase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pump #: <input type="text"/>
Which of these issues reflects your concerns?	<input type="checkbox"/> Measurement of Fuel Quantity <input type="checkbox"/> Fuel Quality		
Problem Encountered:	<input type="checkbox"/> Meter Accuracy <input type="checkbox"/> Octane <input type="checkbox"/> Water/Sediment		
	<input type="checkbox"/> Other: <input type="text"/>		
Severity of Problem:	<input type="checkbox"/> Poor Performance <input type="checkbox"/> Vehicle will not run		

## Vehicle Information

Year:	<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>
-------	----------------------	-------	----------------------	--------	----------------------

Describe the problems with the vehicle and any repairs that have been made.

Did you notify the station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If the answer is yes:</i>		
<i>When did the station respond?</i>		
<i>What was the response?</i>		

## For Office Use Only

Assigned Inspector:	<input type="text"/>	Date:	<input type="text"/>	OCP #:	<input type="text"/>	FID #:	<input type="text"/>
Action to Take:	<input type="text"/>						
Date Consumer Contacted with Results:	<input type="text"/>	<input type="checkbox"/> By Phone	<input type="checkbox"/> By Email	<input type="checkbox"/> Other:			