Colorado Department of Labor and Employment   Phone: 303-866-4967
Division of Oil and Public Safety - Weights and Measures Section   Fax: 303-866-5863
1001 E 62nd Ave, Room A-2   Email: cdle_oil_inspection@state.co.us
Denver, CO 80216   Web: www.colorado.gov/cdle/petroleum

CONSUMER COMPLAINT FORM

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 303-318-4846.

Contact Information

Name:	
Address:	
City/State/ZIP:	
Phone Number:	
Email Address:	
Do you wish to remain anonymous?	☐ Yes ☐ No
Do you wish to be notified of the results?	☐ Yes ☐ 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?	☐ Yes ☐ No	Pump #:		
Which of these issues reflects your concerns?	☐ Measurement of Fuel Quantity ☐ Fuel Quality			
Problem Encountered:	☐ Meter Accuracy ☐ Octane ☐ Water/Sediment			
	☐ Other:			
Severity of Problem:	☐ Poor Performance ☐ Vehicle will not run			

Vehicle Information

Year:		Make:		Model:	

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

Did you notify the station?	☐ Yes ☐ No
If the answer is yes:	
When did the station respond?	
What was the response?	

For Office Use Only

Assigned Inspector:		Date:	OCP #:		FID #:
Action to Take:					
Date Consumer Contacted with Results:		☐ By Phone	☐ By Email	☐ Other:	