



Colorado Department of Labor and Employment  
Division of Oil and Public Safety  
Underground Damage Prevention Safety Commission  
633 17<sup>th</sup> Street, Suite 500  
Denver, CO 80202-3610

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Email: [cdle\\_safetycommission@state.co.us](mailto:cdle_safetycommission@state.co.us)  
Web: [ops.colorado.gov](http://ops.colorado.gov)

## Complaint Form

(Revised 9/10/2020)

Complete this form to provide as many details as possible about a potential violation of underground damage prevention practices. Submit this form, along with any additional documents and/or photos to support this complaint, to the Safety Commission using one of the addresses listed above.

A person who brings a frivolous complaint, as determined by the Safety Commission, commits a minor violation and is subject to a fine as authorized by Section 9-1.5-104.4, C.R.S.

### Contact Information: Person Filing Complaint

Name:		Company Name:	
Phone Number:		Email Address:	
I am a(n):			
<input type="checkbox"/> Excavator	<input type="checkbox"/> Engineer/Designer	<input type="checkbox"/> Underground Facility Owner/Operator	<input type="checkbox"/> Occupant/Property Owner
<input type="checkbox"/> Locator	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Other: _____	

<i>Additional Point of Contact: Person Filing Complaint</i>	Name:	
Phone Number:	Email Address:	

### Alleged Against: Person or Company in Violation of the Law

Name:		Company Name:	
Phone Number:		Email Address:	
They are a(n):			
<input type="checkbox"/> Excavator	<input type="checkbox"/> Engineer/Designer	<input type="checkbox"/> Underground Facility Owner/Operator	<input type="checkbox"/> Occupant/Property Owner
<input type="checkbox"/> Locator*	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Other: _____	

\*For *Locator*, please list the affiliated facility owner(s)/operator(s):

<i>Additional Person or Company Alleged in Violation</i>	Person/Company Name:	
Phone Number:	Email Address:	

### Event

Date of Event:		Event Address:	
CO 811 Ticket #:	<input type="checkbox"/> Unknown	CO 811 Ticket Request Date:	
CO 811 Ticket Address:	<input type="checkbox"/> Same as Event Address		

### Primary Reason(s) for Complaint

<input type="checkbox"/> Damage Occurred*	<input type="checkbox"/> Digging without Marks	<input type="checkbox"/> Did not follow Regulations
<input type="checkbox"/> Locator No Show	<input type="checkbox"/> Marks Incorrect	<input type="checkbox"/> Did not follow Statute
<input type="checkbox"/> Other: _____		

\*For *Damage Occurred* events, please fill out the **Underground Facility Damage Report** (see separate form).

### Description of the Event/Reason for Complaint

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Internal Use Only

Date Received:

Report #: