



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

Phone: 303-318-8525
Email: cdle_safetycommission@state.co.us
Web: ops.colorado.gov

Complaint Form

(Revised 2/8/2024)

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 a Valid Locate Ticket	<input type="checkbox"/> Marks not completed by Due Date
<input type="checkbox"/> Facility not Marked	<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

--	--	--	--

Internal Use Only

Date Received:

Report #: