



Colorado Department of Law  
Consumer Credit Unit - DM  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 6<sup>th</sup> Floor  
Denver, CO 80203  
Phone: (720) 508-6012  
Fax: (720) 508-6033  
Email: [dm@coag.gov](mailto:dm@coag.gov)

Dear Consumer:

The Consumer Credit Unit licenses and regulates companies that offer and provide debt management services to Colorado residents through the administration of the Uniform Debt Management Services Act (“UDSMA”).

**TO FILE A COMPLAINT:**

Complete the attached form and enclose **one** copy of all documents about your complaint. **DO NOT SEND ORIGINALS.**

We will review your complaint to determine if our office has the statutory authority to proceed. If we have jurisdiction, we may send a copy of your complaint to the company for its response. You will receive a copy of the company’s response unless it is kept for additional investigation.

If we do not have jurisdiction over the matter, we will refer your complaint to the proper authority. We will notify you if we are unable to assist you.

It may take time to investigate your complaint. If a lawsuit has been filed against you, it is important that you appear in court and respond to all legal documents, as we cannot reverse a court order.

We are prohibited by law from giving legal advice. To preserve any legal rights you may have, you may wish to consult a private attorney about your legal options under the law

For further information about the Consumer Credit Unit or the Colorado Uniform Debt Management Services Act, visit the Debt Management website:  
[www.coag.gov/dm](http://www.coag.gov/dm).



**Colorado Department of Law  
Colorado Uniform Consumer Credit Code  
Phil Weiser, Attorney General**

**SEND TO:**

Colorado Department of Law  
Consumer Protection Section –DM  
Ralph L. Carr Colorado Judicial Center  
1300 Broadway, 6<sup>th</sup> Floor  
Denver, CO 80203  
Phone: (720) 508-6012  
Fax: (720) 508-6033  
Email Address: [dm@coag.gov](mailto:dm@coag.gov)

_____
Name
_____
Address
_____
City
State
Zip Code
_____
Phone Number
_____
Email Address

_____
Company's Name
_____
Company's Address
_____
City
State
Zip Code
_____
Company's Phone Number

**Are you an Active member or retired member of the U.S. Armed Forces or a dependent?**

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ **Branch**

**Military Status:** \_\_\_\_\_

**Pay Grade:** \_\_\_\_\_

**ATTENTION: Please read instructions and attach copies of all documents.**

Explanation of your complaint:

By submitting this complaint, I hereby certify I am the above listed individual and authorize the above listed company and/or its agents to discuss the details of my complaint with representatives of the Colorado Attorney General's Office. I verify I have read the preceding information and it is true to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**