



CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSES

OFFICE OF DIRECTOR
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

BUSINESS LICENSE COMPLAINT/COMPLIMENT FORM

Type of Business Establishment or License: _____

Name of Business: _____

Address of Business: _____

(State the intersection or cross streets if specific address not known)

Please describe exactly what happened, including the date(s), time, place, and persons involved in the incident, issue or compliment (attach additional sheets if necessary):

Your Name: _____ Phone: _____

Address: _____

Email Address: _____

If necessary, are you willing to testify about this incident? Yes _____ No _____

Date complaint/Compliment submitted: _____

Please read the following before submitting: By submitting this form, you affirm that the above information is **true and accurate** to the best of your ability.

*Please send completed forms to: Department of Excise and Licenses, Attn: Complaints, 201 W. Colfax Ave., Dept. 206, Denver CO, 80202; or via email to: Licenses@denvergov.org.

Office Use Only: Date Received: _____

Complaint#: _____ **Compliment#:** _____