

Complaint Form

Domestic Violence Offender Management Board
Department of Public Safety, Division of Criminal Justice
700 Kipling Street, Suite 3000, Denver, CO 80215
Phone: 303-239-4499 Fax: 303-239-4491

Submission of this form means that you are filing a formal complaint with the Domestic Violence Offender Management Board (DVOMB) against an individual whose name appears on the DVOMB Approved Provider List. The DVOMB has authority only over individual listed providers and can only respond to founded violations of the Standards. Please refer to Appendix D of the Standards for more information about how complaints are processed and reviewed by the DVOMB.

Please note the DVOMB does not accept anonymous complaints. Anonymous complaints may be submitted through the Colorado Department of Regulatory Agencies (DORA) [here](#).

Please complete this form as instructed in its entirety for each individual DVOMB Approved Provider you wish to file a complaint against. Incomplete forms or complaints submitted without complete and necessary information will not be processed.

Complainant Name(s):			
Phone:			
Address:	City:	State:	Zip Code:
Service Provider Name: (REQUIRED)			
Address:	City:	State:	Zip Code:

1. NATURE OF COMPLAINT: Please describe the situation or circumstances related to the violation of the Standards. Continue on a separate sheet if needed and please attach supporting documentation or verification.

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2. **STANDARD(S) VIOLATED:** The specific DVOMB Standard(s) must be cited and how they were allegedly violated by the provider. Please refer to the Standards and Guidelines for details.

3. **TIMEFRAME:** Please describe when did these violations occurred.

4. **DESIRED OUTCOME:** Please describe what you would like to occur in order to resolve the situation.

Thank you for addressing your concerns to the Board. You will be notified in writing throughout the Board's complaint review process of any action taken and the decision as a result of this complaint. (Please note that all complaints must be signed.)

Signature:	Date: