

Fraudulent Business Filing Complaint

Business Program

Colorado Secretary of State

1700 Broadway, Ste. 550 Denver, CO 80290

Phone: 303-894-2200

Fax: 303-869-4864

Email: Business@coloradosos.gov

Website: www.coloradosos.gov

Handwritten forms won't be accepted.

Complete this form online, save it, then email it to our office.

Type of violation

I allege that a business filing was made in violation of section 7-90-314(1), C.R.S. as follows:

A new business was created using my information. (Mark all that apply)

An address was included in a filing without the written consent of the owner or occupier of the address.

My name, without my written consent, was included in a filing as: (Mark all that apply)

The registered agent.

The individual causing the document to be delivered to the Secretary of State's office for filing.

The person incorporating forming, or organizing a business; or

Any other person required to be identified in a document filed in the Secretary of State's office under Title 7, C.R.S.

My existing business record was changed without my written consent or authority to do so.

Complainant information

Enter the contact information of the person making this complaint.

Name

Street address, city, state, ZIP

Phone

Email

Alternate phone or email (optional)

Relationship or affiliation with entity, if any (officer, director, shareholder, employee, client, etc.)

Business entity and documents

Identify the business entity and documents involved.

Entity ID number

(11-digit ID # issued by the Colorado Secretary of State)

Name of entity

List up to four document numbers believed to be fraudulently filed with our office. If more documents are involved identify them in the description below or in an attachment.

Document ID #

Document ID #

Document ID #

Document ID #

Describe the alleged violation. If more room is needed include it in an attachment.

More information will be attached.

Persons involved (if known)

For each person involved in the filing or alleged violation enter all known information. If more than two involved persons, include information in an attachment. Complainant doesn't need to be listed here.

Involved person #1

Name

Phone

Email

Street address, city, state, ZIP

Website

Relationship to complainant (list all that apply)

Involved person #2

Name

Phone

Email

Street address, city, state, ZIP

Website

Relationship to complainant (list all that apply)

Are more persons involved?

Yes, include all known information for each person involved in a separate DOC or PDF.

Additional information

Enter any additional information that the complainant believes will help in this investigation. If more room is needed, include it in an attachment.

More information will be attached.

Filer's information, if different from complainant

If this complaint is being filed on behalf of the complainant, enter the contact information for the person authorized to complete and submit this form.

Name

Phone

Email

Street address, city, state, ZIP

Additional contact info (website or alternate phone or email)

Affirmation

I solemnly affirm under penalty of perjury pursuant to section 7-90-301.5, C.R.S., that I believe in good faith that the facts stated in this complaint are true and that this complaint complies with the requirements of Title 7, Article 90, Part 3, C.R.S., the constituent documents, and the organic statutes.

Submit complaint form

Email this completed form to our office at BusinessFraud@coloradosos.gov. If you created a separate document to complete any of your responses make sure to attach it in your email.

Incomplete forms will not be accepted for investigation.