

# COGCC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with COGCC rules.

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the COGCC will not be able to process or investigate the complaint and, therefore, the COGCC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email OGCC Complaint](#)

## COMPLAINT INFORMATION

### Date of Complaint

08/22/2021

**\*** *Indicates a Required Field*

### Complaint Type \*

Select all that apply

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Air Quality/ Odor          | <input type="checkbox"/> Dust                       |
| <input type="checkbox"/> Ground Water/ Water Well              | <input checked="" type="checkbox"/> Lighting        |
| <input checked="" type="checkbox"/> Noise                      | <input type="checkbox"/> Property Damage            |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input type="checkbox"/> Spills/ Soil Contamination |
| <input type="checkbox"/> Traffic                               | <input type="checkbox"/> Waste Management/ Dumping  |
| <input type="checkbox"/> Notice Letters                        | <input type="checkbox"/> Other <input type="text"/> |

### Incident County \*

Weld County

### Connection to Incident \*

Select all that apply

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Land Owner      | <input type="checkbox"/> Royalty Owner     |
| <input type="checkbox"/> Nearby Resident            | <input type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> |  |

### Will you provide your personal information for this complaint? \*

Yes  No

## DESCRIPTION OF COMPLAINT

(Please be as specific as possible)

### Location of Concern \*

Please provide as much detail as possible. It is important to narrow down the location.

Town of Windsor fracking site. West side of town off of New Liberty Rd.

### Detailed description of the issue(s) \* (?)

Please provide as much detail as possible. It is important to narrow down the issue(s).

Very strong chemical odor coming from this fracking site. We cannot keep the windows open in our house. It's causing headaches and dizziness.

Also a lot of noise and very powerful lights coming out of the fracking site.

### Is this an ongoing issue(s)? \*

Yes  No

**Do you know who the oil and gas company is? \***

Yes  No

**Well or Facility Name**

Please provide if known

**Well or Facility Number**

Please provide if known

## **ADDITIONAL INFORMATION**

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**Are there supporting documents you wish to upload? \***

Yes  No