

# 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

02/13/2022

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

### Complaint Type \*

Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor                     | <input type="checkbox"/> Dust                       |
| <input type="checkbox"/> Ground Water/ Water Well              | <input 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 \*

Adams County

### Connection to Incident \*

Select all that apply

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

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

Yes  No

## Contact Information

### Your First Name \*

Roger

### Your Last Name \*

Stafford

### Your Address \*

4923 E 142nd Place

### Your City \*

Thornton

### Your State

CO

**Your Zip Code \***

Maximum of 10 digits. (Example) 80202

806028918

**Email Address \***

Enter a valid email address in this field to receive a confirmation e-mail and copy of your Complaint form.

roger@rogerstafford.com

**Your Phone Number**

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

**Alternate Phone Number**

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

**What is your preferred method for the COGCC to communicate with you throughout the investigation? \***

Select all that apply

Phone  E-mail  US Mail

**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.

Loud but distant humming and grinding sounds coming from the east side of the community.

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

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

Not easy to provide a location. Very clearly heard low-frequency hum that permeates through the whole house but it loudest on the east side. Sound like an aircraft engine but isn't. Wakes me up around 6am in a morning. It is louder than my warm air heating sounds.

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

Yes  No