

### COMPLAINT FORM

NOTICE: INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED.  
DO NOT SEND ORIGINALS -- DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.  
PLEASE SEND COPIES OF ALL PAGES OF CONTRACTS (FRONT AND BACK) PROPOSALS, CANCELLED CHECKS (FRONT AND BACK), INVOICES, RECEIPTS, ADVERTISEMENTS, BUSINESS CARDS, CORRESPONDENCE, PERMITS, ETC.

#### COMPLETE THE FOLLOWING INFORMATION

NAME OF INDIVIDUAL FILING COMPLAINT:			CONTRACTOR NAME: (AS SHOWN ON CONTRACT/INVOICES)		
COMPANY NAME:			COMPANY NAME:		
ADDRESS			ADDRESS		LICENSE NO. USED, IF ANY
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE ( )		EMAIL	PHONE ( )		EMAIL

#### NATURE OF COMPLAINT

RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> UNLICENSED RESIDENTIAL CONSTRUCTION OR REMODELING <input type="checkbox"/> GROSS NEGLIGENCE OR MISCONDUCT <input type="checkbox"/> FAILURE TO PAY FOR GOODS OR SERVICES <input type="checkbox"/> LOANING A LICENSE TO AN UNLICENSED PERSON <input type="checkbox"/> ENGAGING IN WORK ON AN EXPIRED OR SUSPENDED LICENSE	<input type="checkbox"/> UNLICENSED COMMERCIAL CONSTRUCTION <input type="checkbox"/> BIDDING OR CONTRACTING WITHOUT A LICENSE <input type="checkbox"/> IRRESPONSIBLE ___ FAILURE TO PAY FOR GOODS OR SERVICES ___ FAILURE TO VERIFY LICENSE OF SUBCONTRACTOR ___ Other _____

#### PROJECT INFORMATION

PHYSICAL ADDRESS			CITY	STATE	ZIP
IS PROJECT A <input type="checkbox"/> RESIDENCE <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> OTHER			IS PROJECT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODEL		
CONTRACT DATE	AMOUNT OF CONTRACT	AMOUNT PAID ON CONTRACT	DATE WORK STARTED	DATE WORK CEASED	
WAS THE CONTRACT <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL IF WRITTEN, ATTACH A COPY OF THE CONTRACT.					
WERE THERE ANY CHANGE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WERE THE CHANGE ORDERS <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> BOTH IF WRITTEN, ATTACH COPIES.					
WHY DID YOU CHOOSE THIS CONTRACTOR? <input type="checkbox"/> REGULAR CUSTOMER <input type="checkbox"/> DOOR TO DOOR SOLICITATION <input type="checkbox"/> REFERRED BY SOMEONE <input type="checkbox"/> ADVERTISEMENT-PROVIDE COPY IF POSSIBLE.					
BUILDING PERMITS OBTAINED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OWNER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NOT REQUIRED (ATTACH A COPY IF AVAILABLE)			NAME OF BUILDING DEPARTMENT:		
WERE ANY INSPECTIONS PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM AND WHEN?					
WHAT ATTEMPTS HAVE BEEN MADE TO CONTACT THE CONTRACTOR? <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> PERSONAL CONTACT <input type="checkbox"/> TELEPHONE <input type="checkbox"/> LETTER (ATTACH COPIES)					
HAVE YOU NOTIFIED THE CONTRACTOR IN WRITING OF THE ISSUES IN DISPUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES OF WRITTEN NOTICE.					
HAVE YOU OBTAINED AN ESTIMATE FROM ANOTHER CONTRACTOR TO CORRECT/COMPLETE THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH A COPY OF THE ESTIMATE.					
HAVE YOU HAD THE JOB CORRECTED OR COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES OF THE CONTRACT AND PROOF OF PAYMENT.					
WERE ANY LIENS FILED ON THIS JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES. AMOUNT OF LIEN: \$ PERSON WHO FILED:					

