

Complaint Report - Incomplete forms will not be processed. Please be sure to fill in all blanks

Date: _____ **Complaint against:** _____
(Individual's name AND business name)

License Number (if licensed): _____ Telephone: (_____) _____

Address: _____
Street, PO Box, Route City State Zip Code

Person Filing Complaint: _____

Daytime Telephone: (_____) _____ Evening Telephone: (_____) _____

Address: _____
Street, PO Box, Route City State Zip Code

E-Mail Address (for sending correspondence): _____

Details and Facts of Complaint

Work Performed for: _____ Contact Number: (_____) _____

Address where work performed: _____
Street, PO Box, Route City State Zip Code

1. What was the approximate date when the work started: _____

2. To the best of your knowledge were permits pulled for the work performed? Yes / No

3. Was an inspection performed by the city or county inspection department? Yes / No

4. Are you aware of any code violations or deficiencies in the work? Yes / No

5. Has the contractor proposed or performed any additional work or repairs? Yes / No

6. Will you allow the contractor to complete the job or make repairs? Yes / No

7. Please describe the details of your complaint in the space provided below.

Please attach any additional documentation you have (i.e. Inspections reports, copy of permit, copy of contract, photographs, etc.) to this complaint form. If you require additional space to detail your complaint please do so on an additional separate sheet of paper and attach to this complaint form.

The above statements are true to the best of my knowledge and belief.

Complainant's signature _____ **Date:** _____

Mail to: State Board of Examiners, 1109 Dresser Ct., Raleigh, NC 27609
or e-mail to information@nclicensing.org

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FILE NUMBER:

ZONE: