FOR OFFICE USE ONLY



CONTRACTORS STATE LICENSE BOARD

Mail Complaint Form and Documents to: Northern California: Sacramento Intake & Mediation Center P.O. Box 269116 Sacramento, California 95826-9116 (916) 843-6515

Southern California: Norwalk Intake & Mediation Center 12501 East Imperial Highway, Suite 620 Norwalk, California 90650 (562) 345-7530

Complaint Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. A CSLB REPRESENTATIVE WILL CONTACT YOU TO REVIEW ALL INFORMATION PROVIDED. DO NOT SEND ORIGINALS—DOCUMENTS RECEIVED WILL NOT BE COPIED OR RETURNED.

Please attach COPIES of <u>all</u> pages of the contract and change orders (front and back), canceled checks (front and back), invoices, and other relevant documents.

						PLE	ASE COMPLET	вот	TH SIDES O	F THIS	FORM						
1. YOUR NAME last first						st				mid	dle						
ADDRES	S nu	mber	stree	et		cit				cou	county			state	ZIP code		
PHONE WHERE YOU CAN BE REACHED 8 am-5 pm:								OTHER PHONE:					EMAIL ADDRESS				
1a. 🗖 I	AM 65) YEAR	S OF AG	E OR OLD	ER (optior	nal)											
							CONTRAC	TOR	INFORMA	ΓΙΟΝ							
2. CONT	RACT	OR BUS	SINESS N	NAME (as	shown on	contract/invoice)	CONTRACTOR N	CONTRACTOR NAME CONTRACTOR LICENSE NO. USED, IF ANY									
CONTRA	ACTOF	ADDR	ESS r	number		street			city						state	ZIP code	
PHONE							EMAIL ADDRESS										
WHO PR	RESEN	TED, N	EGOTIA	TED, OR E	XPLAINE	D THE CONTRACT	(List Name of Perso	ו)?		ERSON:							
										CTOR:							
WHERE	WAS 1	THE CO	NTRACI	r negoti <i>i</i>	TED?												
							PROJE	CT IN	FORMATIO	N							
3. OWN	CONS	TRUCTIC	ON SITE			/NER	Owner Name: ER					PHONE					
number street								city					state ZIP code				
4. CONSTRUCTION SITE ADDRESS number							street	street city						s	state	ZIP code	
SAME AS MY ADDRESS							PHONE	PHONE									
5. DESC	RIBE	BRIEFL	Y THE S	COPE OF	THE WOF	K FOR WHICH YO	U CONTRACTED (I.E	. PAIN	TING, PLUMBIN	IG, CONC	RETE, PA	TIO COVER, F	ROOM ADE	DITION)			
6 CONT	RACT			7				8. AMOUNT PAID ON CONTRACT 9. DATE WORK STARTE					ED 10. DATE WORK STOPPED				
6. CONTRACT DATE 7. AMOUNT OF CONTRACT																	
							FOR O	FICE	E USE ONI	Y							
TYPE CNST	I N V	O R G	R PRIORITY RECEIVED			SPECIAL PROJECT		DT STAT EXP MM DD YYYY		INIT		NED TO CSR		SI INIT	ASSIGNED TO S		
	-																
CLOSUF		TETTER			LOSING TER SENT MM DD YYYY			STP AMOUNT		s		STATUS	TATUS CHANGE			ļ	
				T	J		\$	с		с		с		с		с	
LICENSE	NUME	BER:					STP TYPE	ľ-	DATE		TE	DAT	E		DATE	DATE	

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STATE OF CALIFORNIA

12. HOW CAN THE ISSUE(S) BE SATISFIED?						
13. Was the contractor paid in full? Yes No How much was Method of payment: (Check all that apply and attach copies) Cash	the contractor paid, if known					
14. Have you filed in court to recover damages on this complaint? \Box Yes ((If so, provide documentation with this form.) \Box No					
15. Is this project a: Residence Commercial Building Othe	er					
16. Is this project a: Remodel Repair/Replace New Ho	me					
17. Was the contract: Written Verbal New Home Purch	nase Agreement					
18. Were there any change orders? Yes No If yes, were the	y: Written Verbal Both					
19. Building permit obtained by: Contractor You Do Not	Know No Permit Pulled					
20. Did the contractor have employees? $\Box_{ m Yes}$ $\Box_{ m No}$ If yes, how ma	any?					
Names of employees, if known:						
21. What attempts have you made to contact the contractor regarding the it	tems of the complaint? Unable to locate Personal contact					
22. Have you obtained an estimate from another contractor to correct and/o (If yes, attach copies.) Amount \$	or complete the project? Yes No					
23. Have you had the job corrected or completed? Yes No (If yes, attach copies of the contract and proof of payment.) Amount \$_						
NOTICE ON COLLECTION O	F PERSONAL INFORMATION					
Collection and Use of Personal Information. The Department of Consumer Affairs and the Contractors State License Board (CSLB) collects the information requested on this form to investigate the allegations of your complaint. Your complaint may lead to CSLB taking	give us with the contractor you complained about or with other government agencies, as authorized. This may include sharing any personal information you gave us. The information you provide may also be disclosed in the following					
disciplinary action against a contractor, if warranted. Providing Personal Information Is Voluntary. You do not have to	circumstances:					
provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home	 In response to a Public Records Act request, as allowed by the Information Practices Act; 					
telephone number, you may remain anonymous. In that case, however, CSLB may not be able to properly investigate or help you resolve your	To another government agency as required by state or federal law;or					
complaint.	 In response to a court or administrative order, a subpoena, or a search warrant. 					
Access to Your Information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. See below for contact information.	Contact Information. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Information Security and Privacy Protection, 1325 Street Suite 1650, Securements CA 05314, or email					
Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow upon your complaint, however, we may need to share the information you	1325 J Street, Suite 1650, Sacramento, CA 95814, or email privacy@oispp.ca.gov.					
	aint Form is true and correct to the best of my knowledge, and that this declaration					
was signed at (city)	, (state) I agree er responsible parties, and will, if necessary, attend hearings and testify to facts					
as alleged in this form. 24. SIGN HERE	DATE					