

CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

www.cslb.ca.gov | CheckTheLicenseFirst.com

 Mail Complaint Form and Documents to:
 So

 Northern California:
 So

 Sacramento Intake & Mediation Center
 No

 P.O. Box 269116
 128

 Sacramento, California 95826-9116
 No

 (916) 843-6515
 (56

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 C	OMPLET	Е ВОТ	TH SIDES O	F THIS F						
1. YOU	RNA	AME	ME last first										middl	le				
ADDRE	ESS	num!	umber street city						county							state	ZIP code	
PHONE WHERE YOU CAN BE REACHED 8 am-5 pm:										07	THER PHONE:			E	MAIL ADDF	RESS		
																	_	
1a. 🗆	1a. I AM 65 YEARS OF AGE OR OLDER (optional)																	
- 201			211	::=22.	112 /11						INFORMAT	rion	CANTE			- ****		
2. CONTRACTOR BUSINESS NAME (as shown on contract/invoice) CONTRACTOR NAME CONTRACTOR LICENSE NO. USED, IF ANY																		
CONTR	CONTRACTOR ADDRESS number street								city							state	ZIP code	
PHONE										EMAIL ADDRESS								
WHO PRESENTED, NEGOTIATED, OR EXPLAINED THE CONTRACT (L									ame of Perso	n)?	SALESPI	ERSON:						
										CONTRACTOR:								
WHER	WHERE WAS THE CONTRACT NEGOTIATED?																	
									PROJE	CT INI	FORMATIO							
3. OWI	NER	OF C	ONS	STRUCTIO)N SITE		I AM THE OV	WNER		Owner Name: P					PHO	NE		
numbe	;r						street		city						state ZIP code			
4. CONSTRUCTION SITE ADDRESS number								stree	street city							state	ZIP code	
SAME AS MY ADDRESS								PHON	NE									
					COPE OF 1	THE WOF	RK FOR WHICH YO	OU CON?	TRACTED (I.E	E. PAINT	TING, PLUMBIN	NG, CONCR	ETE, PATI	O COVER, ROO	M ADDITIO	N)		
6 CON	JTR#	ACT E	ATE		7.	AMOUNT	OF CONTRACT		8 AMOUNT	10 DIA	N CONTRACT	9 DATE	WORK ST	TARTED	10. DAT	E WORK STO	IPPED	
6. CONTRACT DATE 7. AMOUNT OF CONTRACT							01 00					0.5						
									FOR O	FFICE	E USE ONL	_Y						
TYPE CNST	CHET N K			PRIC	DRITY	DATE RECEIVED		SPECIAL PROJECT			DT STAT EXP		CSR INIT		SIGNED TO CSR		ASSIGNED TO SI	
	+	V	G			IVIIV	M DD YYYY				+			MM DD	****		MM DD YYYY	
	\perp	+	\dashv		CLOS	SING		$\overline{}$	\perp	$\overline{}$		\longrightarrow						
CLOSURE CODE			CODE CODE		LETTER	R SENT	MM DD YYYY		STP AMOUNT			STATUS CHANGE						
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ICENSE NUMBER:								S	TP TYPE	#	DATE	DAT	ΓE	DATE		DATE	DATE	
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11. LIST YOUR ITEMS OF COMPLAINT (IF MORE ROOM IS NEEDED, PLEASE ATTACH A SHEET	T OF PAPER)								
12. HOW CAN THE ISSUE(S) BE SATISFIED?									
13. Was the contractor paid in full? ☐ Yes ☐ No How much was the contractor paid, if known Method of payment: (Check all that apply and attach copies) ☐ Cash ☐ Check ☐ Credit card									
14. Have you filed in court to recover damages on this complaint? \square Yes (I	f so, provide documentation with this form.)								
15. Is this project a: Residence Commercial Building Other	r								
16. Is this project a: ☐ Remodel ☐ Repair/Replace ☐ New Hon	ne								
17. Was the contract:	ase Agreement								
18. Were there any change orders?									
19. Building permit obtained by: ☐ Contractor ☐ You ☐ Do Not №	No Permit Pulled								
20. Did the contractor have employees? \square Yes \square No If yes, how ma	ny?								
Names of employees, if known:									
21. What attempts have you made to contact the contractor regarding the ite	ems of the complaint? Unable to locate Personal contact Telephone Letter/Email								
Have you obtained an estimate from another contractor to correct and/o (If yes, attach copies.) Amount \$	r 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 OF	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	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.								
allegations of your complaint. Your complaint may lead to CSLB taking disciplinary action against a contractor, if warranted.	The information you provide may also be disclosed in the following circumstances:								
Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide	 In response to a Public Records Act request, as allowed by the Information Practices Act; 								
personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however,	To another government agency as required by state or federal law;or								
CSLB may not be able to properly investigate or help you resolve your 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 J Street, Suite 1650, Sacramento, CA 95814, or email privacy@oispp.ca.gov.								
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									
was signed at (city)									
	er responsible parties, and will, if necessary, attend hearings and testify to facts								