



Northern California:
Sacramento Intake & Mediation Center
P.O. Box 269116, Sacramento, California 95826-9116
1-800-321-CSLB (2752)

Completing Your Submitted Complaint

Your Complaint Number is N A 2011 9315

IN ORDER FOR CSLB TO PROCEED WITH YOUR COMPLAINT YOU MUST DO THE FOLLOWING:

1. Print out and sign 2 copies of your Complaint Form (1 copy for CSLB and 1 for your records).
2. Attach **copies** (DO NOT SEND ORIGINALS) of supporting documentation: i.e., all pages of the contract(s) [front and back], change orders, canceled checks [front and back], invoices, advertisements, business cards, receipts, correspondence, etc.
3. **Write your complaint number on all documentation.**
4. Mail your signed Complaint Form and supporting documentation **within ten (10) days** to the following address:

Sacramento Intake & Mediation Center
P.O. Box 269116,
Sacramento, California 95826-9116

IF THE COMPLAINT FORM AND REQUIRED DOCUMENTATION ARE NOT RECEIVED WITHIN TEN (10) DAYS OF SUBMISSION, IT WILL BE ASSUMED THAT THE COMPLAINT HAS BEEN SETTLED OR YOU DO NOT WISH TO PROCEED WITH THE MATTER. THE COMPLAINT WILL BE CLOSED AND A CLOSURE LETTER WILL BE MAILED TO YOU.

Following is your complaint form.

THIS IS YOUR ONLY CHANCE TO PRINT YOUR COMPLETED COMPLAINT FORM OR SAVE A COPY TO YOUR COMPUTER.



Northern California:
 Sacramento Intake & Mediation Center
 P.O. Box 269116, Sacramento, California 95826-9116
 1-800-321-CSLB (2752)

Complaint Form

NOTICE: INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED TO YOU.
DO NOT SEND ORIGINALS—DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.
Please attach COPIES of all pages of contracts (front and back), canceled checks (front and back), invoices, advertisements, business cards, receipts, correspondence, etc.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. YOUR NAME last first middle				2. CONTRACTOR NAME (as shown on contract/invoice)			
ADDRESS number street						LICENSE NO. USED, IF ANY	
city		county		state		ZIP code	
PHONE WHERE YOU CAN BE REACHED 8 am-5 pm ()				city		state ZIP code	
HOME PHONE ()		EMAIL ADDRESS		PHONE ()		EMAIL ADDRESS	
1a. <input type="checkbox"/> I AM 65 YEARS OF AGE OR OLDER (optional)				WHO PRESENTED THE CONTRACT? <input type="checkbox"/> SALESMAN _____			
1b. <input type="checkbox"/> I AUTHORIZE THE FOLLOWING PERSON TO HANDLE THE COMPLAINT ON MY BEHALF: NAME last first middle				<input type="checkbox"/> CONTRACTOR _____			
PHONE 8 a.m.-5 p.m. HOME PHONE () ()				WHERE WAS THE CONTRACT NEGOTIATED? _____			

PROJECT INFORMATION

3. OWNER OF CONSTRUCTION SITE				4. CONSTRUCTION SITE ADDRESS number street			
number		street		city		state ZIP	
PHONE ()				PHONE ()			

5. DESCRIBE BRIEFLY THE SCOPE OF THE WORK FOR WHICH YOU CONTRACTED (I.E. PAINTING, PLUMBING, CONCRETE, PATIO COVER, ROOM ADDITION)

6. CONTRACT DATE	7. AMOUNT OF CONTRACT	8. AMOUNT PAID ON CONTRACT	9. DATE WORK STARTED	10. DATE WORK CEASED
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11. LIST YOUR ITEMS OF COMPLAINT (IF MORE ROOM IS NEEDED, PLEASE ATTACH A SHEET OF PAPER)

12. REMEDY SOUGHT:

FOR OFFICE USE ONLY																							
COMPLAINT NUMBER		TYPE CNST	IN V	OR G	PRTY	DATE RECEIVED			SPECIAL PROJCT	DT STAT EXP			CSR INIT	ASSIGNED TO CSR			ER INIT	ASSIGNED TO ER					
FY						MO	DA	YR		MO	DA	YR		MO	DA	YR		MO	DA	YR			
						0	1	0	3	1	2												
LICENSE NUMBER						CLOSURE LETTER		DISPOSITION		DATE CLOSED			STATUS CHANGE						STP				
SECTIONS VIOLATED						C		C		MO DA YR			C		C		C		C		DATE		

13. Have you filed in court to recover damages on this complaint? Yes (If so, provide documentation with this form.) No
-
14. Is this project a: Residence Commercial Building Other
-
15. Is this project a: Remodel Repair/Replace New Home
-
16. Was this contract: Written Oral New Home Purchase Agreement
-
17. Were there any change orders? Yes No If yes, were they: Written Oral Both
-
18. Is your complaint: Abandonment Workmanship Other
-
19. Building permit obtained by: Contractor You Do not know
(Provide a copy if available.) Name of building department: _____
-
21. Did the contractor have employees? Yes If so, how many? _____ No Do not know
Names of employees, if known: _____
-
22. Were employees, subcontractors, or material companies paid? Yes No Do not know
-
23. Were any mechanics' liens filed on this job? Yes (Provide a copy if available.) No
If yes, by whom? _____ How much? \$ _____
-
24. What attempts have you made to contact the contractor? Unable to locate Personal contact Telephone Letter (Provide copies.)
-
25. Have you notified your contractor in writing of the issue in dispute? Yes (Provide copies.) No
-
26. Have you obtained an estimate from another contractor to correct and/or complete the project? Yes No
(If yes, provide copies.) Amount \$ _____
-
27. Have you had the job corrected or completed? Yes No
(If yes, provide 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 follow up on your complaint.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

I would like to keep my information confidential.

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.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you

give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

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.

I declare under penalty of perjury that the information contained on this Complaint Form is true and correct to the best of my knowledge, and that this declaration was signed at (city) _____, (state) _____ on (date) _____.

I will assist in the investigation or in the prosecution of the contractor or other parties, and will, if necessary, attend hearings and testify to facts.

28. SIGN HERE _____ DATE _____



Complaint Form CONTINUED

PROJECT INFORMATION

11. LIST YOUR ITEMS OF COMPLAINT (IF MORE ROOM IS NEEDED, PLEASE ATTACH A SHEET OF PAPER)



Complaint Form CONTINUED

PROJECT INFORMATION

12. REMEDY SOUGHT: