

Return to:
Department of Labor and Industries at:



CONTRACTOR COMPLAINT FORM

Please resubmit these questions with a copy of your contract, copies of canceled checks, advertising, and any documentation which pertains to this case.

1. Your name	Home phone	Business phone
Home address	Business address	
City State ZIP	City State ZIP+4	

2. Contractor's name (Owner and individual)	Contractor's business name
Mailing address	Home phone
City State ZIP	Business phone

3. How did you first learn of this contractor? E.g., newspaper advertisement, friend, door-to-door solicitations, etc. Please send copies of any advertisements you may have.

4. Date entered contract	Location you entered in contract or agreement
Date work began	
5. Did the contractor at any time represent that he or she was a registered contractor? Send copies of any business cards that the suspect may have given you.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any other pertinent information that may be helpful to us?

PLEASE EXPLAIN, IN DETAIL, YOUR ENTIRE COMPLAINT REGARDING YOUR TRANSACTION WITH THE CONTRACTOR. THIS WILL BE THE STATEMENT OF FACT. PLEASE BE AS SPECIFIC AS POSSIBLE.

