



11. LIST YOUR ITEMS OF COMPLAINT (IF MORE ROOM IS NEEDED, PLEASE ATTACH A SHEET 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?  Yes (If so, provide documentation with this form.)  No

15. Is this project a:  Residence  Commercial Building  Other \_\_\_\_\_

16. Is this project a:  Remodel  Repair/Replace  New Home

17. Was the contract:  Written  Verbal  New Home Purchase Agreement

18. Were there any change orders?  Yes  No If yes, were they:  Written  Verbal  Both

19. Building permit obtained by:  Contractor  You  Do Not Know  No Permit Pulled

20. Did the contractor have employees?  Yes  No If yes, how many? \_\_\_\_\_

Names of employees, if known: \_\_\_\_\_

21. What attempts have you made to contact the contractor regarding the items of the complaint?  Unable to locate  Personal contact  
 Telephone  Letter/Email

22. Have you obtained an estimate from another contractor to correct and/or complete the project?  Yes  No  
(If yes, attach copies.) Amount \$ \_\_\_\_\_

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 allegations of your complaint. Your complaint may lead to CSLB taking disciplinary action against a contractor, if warranted.

**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, CSLB may not be able to properly investigate or help you resolve your complaint.

**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 upon your complaint, however, we may need to share the information you

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 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](mailto: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 agree that I will assist in CSLB's investigation or prosecution of the contractor or other responsible parties, and will, if necessary, attend hearings and testify to facts as alleged in this form.

24. SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_