



**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

STATE OF CALIFORNIA  
 www.cslb.ca.gov | CheckTheLicenseFirst.com

**Solar 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 all pages of the solar contract and change orders (front and back), finance documents or canceled checks (front and back), invoices, advertisements, business cards, and other relevant documents.**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

1. YOUR NAME last first middle

ADDRESS number street city county state ZIP code

PHONE WHERE YOU CAN BE REACHED 8 am–5 pm: OTHER PHONE: EMAIL ADDRESS

1a.  I AM 65 YEARS OF AGE OR OLDER (optional)

2. CONTRACTOR BUSINESS NAME (as shown on contract/invoice) CONTRACTOR NAME CONTRACTOR LICENSE NO. USED, IF ANY

CONTRACTOR ADDRESS number street city state ZIP code

PHONE EMAIL ADDRESS

WHO PRESENTED, NEGOTIATED, OR EXPLAINED THE CONTRACT (List Name of Person)?

WHERE WAS THE CONTRACT NEGOTIATED? \_\_\_\_\_

HOW DID YOU FIND THE CONTRACTOR?  
 DOOR TO DOOR SALES  PHONE SALES  
 WEBSITE \_\_\_\_\_  OTHER \_\_\_\_\_

3. OWNER OF CONSTRUCTION SITE  I AM THE OWNER Owner Name: PHONE

number street city state ZIP code

4. CONSTRUCTION SITE ADDRESS number street city state ZIP code

SAME AS MY ADDRESS PHONE

5. WHAT IS YOUR PRIMARY COMPLAINT? (CHOOSE ONLY ONE) A CSLB REPRESENTATIVE WILL DISCUSS ALL ITEMS OF COMPLAINT WHEN WE CONTACT YOU.

Workmanship  Unlicensed Activity  Unregistered Salesperson  Abandonment  Misrepresentation  
 Other: \_\_\_\_\_

6. CONTRACT DATE 7. AMOUNT OF CONTRACT 8. AMOUNT PAID AS DEPOSIT 9. DATE WORK STARTED 10. DATE WORK STOPPED

11. HOW DID YOU PAY FOR THE SYSTEM (CHOOSE ONE):  Cash/Check/Credit Card  Lease  Power Purchase Agreement (PPA)  Finance

If financed, what type:  Property Assessed Clean Energy (PACE) What PACE Provider did you use: \_\_\_\_\_  
 Other "green" financing: \_\_\_\_\_  Other Financing: \_\_\_\_\_

12. LIST OF YOUR ITEMS OF COMPLAINT:

13. HOW CAN THE ISSUE(S) BE SATISFIED?

**FOR OFFICE USE ONLY**

TYPE CNST	IN V	OR G	PRIORITY	DATE RECEIVED MM DD YYYY	SPECIAL PROJECT	DT STAT EXP MM DD YYYY	CSR INIT	ASSIGNED TO CSR MM DD YYYY	SI INIT	ASSIGNED TO SI MM DD YYYY
CLOSURE CODE	LETTER CODE	CLOSING LETTER SENT TO	DATE CLOSED MM DD YYYY	STP AMOUNT	STATUS CHANGE					
				\$	C	C	C	C	C	C
LICENSE NUMBER:				STP TYPE	DATE	DATE	DATE	DATE	DATE	DATE

13. Have you filed a civil complaint in court to recover damages?  Yes (If so, provide documentation with this form.)  No

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

15. Was a Battery Backup part of the contract?  Yes  No

16. How did you sign the contract?  Wet Signature  Digital Signature  I did not sign the contract.

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

18. Did you receive a Solar Disclosure Notice? (Please refer to the first page of your Home Improvement contract)  Yes  No

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. Does CSLB have your authorization to obtain your utility documents to be used in this investigation?  Yes  No

22. Do you have a reverse mortgage?  Yes  No

23. What attempts have you made to contact the contractor?  Unable to locate  Personal contact  Telephone  Letter (Provide copies)

24. Was the contractor paid in full?  Yes  No How much was the contractor paid, if known \_\_\_\_\_

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

26. 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 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.

27. SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_