



Mail Complaint Form and Documents to:
Sacramento Intake & Mediation Center
P.O. Box 269116, Sacramento, California 95826-9116
(916) 843-6515

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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, or other relevant documents.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. YOUR NAME last first middle
2. CONTRACTOR BUSINESS NAME (as shown on contract/invoice)
ADDRESS number street
CONTRACTOR NAME CONTRACTOR LICENSE NO. USED, IF ANY
city county state ZIP code
CONTRACTOR ADDRESS number street
PHONE WHERE YOU CAN BE REACHED 8 am-5 pm
city state ZIP code
OTHER PHONE EMAIL ADDRESS
PHONE EMAIL ADDRESS
1a. I AM 65 YEARS OF AGE OR OLDER (optional)
WHO PRESENTED, NEGOTIATED, OR EXPLAINED THE CONTRACT (List Name of Person)?
1b. I AUTHORIZE THE FOLLOWING PERSON TO ASSIST WITH THE COMPLAINT:
NAME last first relationship
WHERE WAS THE CONTRACT NEGOTIATED?
HOW DID YOU FIND THE CONTRACTOR? DOOR TO DOOR SALES PHONE SALES
WEBSITE OTHER
PHONE 8 a.m.-5 p.m. HOME PHONE
3. OWNER OF CONSTRUCTION SITE I AM THE OWNER
Owner Name:
number street city state ZIP
4. CONSTRUCTION SITE ADDRESS number street
SAME AS MY ADDRESS
city state ZIP
PHONE

5. WHAT IS YOUR PRIMARY COMPLAINT? (CHOOSE ONLY ONE) A CSLB REPRESENTATIVE WILL DISCUSS ALL ITEMS OF COMPLAINT WHEN WE CONTACT YOU.
Workmanship Abandonment Unlicensed Activity Unregistered Salesperson 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. REMEDY SOUGHT:

FOR OFFICE USE ONLY

Table with columns: COMPLAINT NUMBER, TYPE CNST, IN V, OR G, PRTY, DATE RECEIVED, SPECIAL PROJECT, DT STAT EXP, CSR INIT, ASSIGNED TO CSR, ER INIT, ASSIGNED TO ER, LICENSE NUMBER, CLOSURE LETTER, DISPOSITION, DATE CLOSED, STATUS CHANGE, STP, SECTIONS VIOLATED.

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

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.

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 _____