COMPLAINT FORM

STATE OF MARYLAND DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

TYPE OF COMPLAINT – PLEASE CHECK

ASE CHECK							
	HOME IMPROVEMENT						
	HEATING, VENTILATION, AIR CONDITIONING, REFRIGERATION						
	OTHER BOARDS:						

DO NOT WRITE IN THIS SPACE OFFICE RECORD
DATE RECEIVED
BOARD
COMPLAINT NO.
LICENSING INFORMATION
EXPIRATION DATE

PLEASE ADDRESS ENVELOPE TO THE PROPER BOARD/COMMISSION

PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THIS BOARD/COMMISSION OR IN CRIMINAL COURT.

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FIRST		MIDDLE	INITIAL	TRADING AS			
STREET ADDRESS				STREET ADDRESS			
CITY	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIP
HOME PHONE	WO	PRK PHONE		PHONE			
I CAN BE CONTACTED AT THE E EMAIL ADDRESS	EMAIL ADDRESS BELOW:	YES NO		EMAIL ADDRESS			
3.CONTRACT INFO	ORMATION						
Did you enter in With whom did	ito a contract? you enter into the	☐\ YES contract?	□/ NO	If "YES"	was the contract	∐\ Oral	□\ Written?
	ndividual and/or c						
Date of contract	t (Month, Day, Yea	ar)		Amount of co	ontract?		
Did you pay for	the services?	□\ YES	□\ NO	If "YES" give	amount \$		
4. Name of person	who actually did t	he work or perfo	rmed the servi	ce			
Date the work w	vas started	MONTH / DAY / YEAR		Last date work	was performed	MONTH / DAY / YEA	AR
Is there an arbit	ration clause in th	ne contract?	□\ YES	□\ NO			
	detailed but conc tinue on a separa				er in which it occu	rred and attach	any supporting
CERTIFY UNDER PEN NFORMATION AND BE		THAT THE INFORMA	TION CONTAINE	D HEREIN IS TRUE	AND CORRECT TO THE	BEST OF MY KNO	WLEDGE,
	(SIGNATUR	E OF COMPLAINANT)				(DATE)	

If this is a home improvement complaint and the contractor was licensed at the time of the contract, you may file a separate claim against the Home Improvement Guaranty Fund.