



Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4470 • Fax: 803-896-4656

CONTRACTORS' COMPLAINT FORM

General Contractor

Burglar/ Fire Alarm Contractor

Mechanical Contractor

Fire Sprinkler Contractor

Please complete and return to this office for review in order to determine if this complaint falls within the scope of the statutory authority of the Contractors' Licensing Board. Please answer all questions so that your complaint can be processed as soon as possible. Failure to answer all questions could result in delays in processing and/or request for additional information. Once your complaint has been processed, you will be notified of its status.

Attach a copy of the Building Permit Application and the Certificate of Occupancy. (Required)

COMPLAINANT INFORMATION (Individual filing complaint)

Name: _____

Address: _____
Street/PO Box City State Zip Code

Contact Phone: _____ Email: _____

Alt. Phone: _____ Fax: _____

What is the best way to reach you? (Phone, email, etc.) _____

RESPONDENT INFORMATION (Individual the complaint is filed against)

Name: _____ License: _____
If applicable or known

Business Name: _____ Phone: _____

Business Address: _____
Street/PO Box City State Zip Code

SUBJECT PROPERTY

Property Address: _____
Street/PO Box City State Zip Code

County: _____ City/ Town of (if applicable): _____

Facts Regarding This Complaint:

A. About your agreement:

1. Did you enter into a: Written Contract Verbal Agreement

2. Is a copy of your contract attached to this complaint? YES NO

3. Total cost of construction: \$ _____

B. Work performed for:

- | | New Construction | Repair/ Remodel | Structure Inspection |
|--|----------------------------|-----------------|----------------------|
| 1. Is a copy of your building permit application attached (if applicable)? | YES | NO | |
| 2. If new construction, has Certificate of Occupancy been issued?
(Attach a copy of the CO if it has been issued) | YES | NO | |
| 3. What is the approximate age of the structure? | _____ | | |
| 4. If repairs or remodeling, date work started: | _____ | | |
| | date work completed: _____ | | |

C. Have you hired an attorney to assist you in this matter? YES NO

If yes provide name and address:

Attorney name: _____ Phone: _____

Firm name: _____

Mailing Address: _____

COMPLAINT DETAILS

A. Explain your complaint specifically.

B. List specific items that need correction.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I attest that the information provided is true, correct and complete to the best of my knowledge.

Complainant Signature

Date

I have no objection of my name being released during the investigation.

I do object to my name being released during the investigation.

* The department cannot guarantee that the name of the complainant can remain confidential throughout the investigation.