



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

Fire Sprinkler System

Burglar Alarm System

Fire Alarm System

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. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

The Board accepts anonymous complaints from people who choose to withhold their name and contact information. However, if not enough information is provided with the complaint, the Board may not be able to investigate the case.

I hereby swear or affirm under penalty of perjury that, to the best of my knowledge, all statements I have made in this initial complaint are true and the supporting documents I have provided are true and accurate copies. I understand that this complaint and supporting documentation become a part of the official case record and will become the property of the South Carolina Department of Labor, Licensing and Regulation, and will not be returned to me.

Complainant Signature

Date



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GOOD CAUSE EXPLANATION

The law requires that the name of the person submitting a complaint must be disclosed to the license holder who is the subject of a complaint. There is an exception to this, however, if the Board determines that good cause exists to withhold the name from the license holder.

Please use the space below to explain the reasons you believe your name should be kept private. The explanation in the space below will not be released to the license holder.

Do not use the space below to restate information already provided in the complaint you file against the license holder. Information provided below that does not relate to a request to withhold your name may not be considered in the complaint review.

Good Cause Explanation:

I understand that I am allowed to provide information for the Board's consideration to support my request to keep my name from being released to the license holder. I further understand that the Board may rule against me and determine that my explanation does not show sufficient good cause to keep my name from being disclosed. In that case, my name will be released to the license holder. For my request to be considered by the Board, I understand that I must file my complaint **and** provide my good cause explanation at the same time. I further understand that whether or not my name remains private, the license holder will receive a copy of my complaint and my supporting materials.

Complainant Signature

Date