



Construction Industries Board

ROOFING CONTRACTOR COMPLAINT FORM

Name: _____

Address: _____
Mailing Address City State Zip Code

Telephone Numbers: Home: (_____) _____ Cell: (_____) _____

Name of Roofing Contractor of which you are complaining: _____

Address of Contractor:

Mailing Address City State Zip Code

Contractor Registration No. (If known): _____

This complaints pertains to: [check one]

- _____ Abandonment of project without cause;
- _____ Diversion of Funds;
- _____ Fraud, deception, misrepresentation as to products, services or qualifications;
- _____ False or misleading statement in application or solicitation;
- _____ RCRA adjudication;
- _____ Working without valid registration;
- _____ Working without a permit;
- _____ Failure to pay State taxes;
- _____ Damage to person(s) or property without adequate insurance;
- _____ Failure to comply with the RCRA (Section: _____)

Date(s) of alleged violations: _____

Physical address of alleged violations: _____

Narrative of complaint: _____

Complainant, by signing below, hereby declares under oath that this Complaint, all supplemental materials submitted herewith, and the information contained therein, are true and correct.

Attach supplemental materials which support your complaint (optional).

Complainant

Date