

Mail to:
Minnesota Department of Labor and Industry
CCLD - Enforcement Services Unit
443 Lafayette Road N.
St. Paul, MN 55155
(651) 284-5069

**Building Contractor
Consumer Complaint Form**
(This form is only for the use of Minnesota residents.)

PRINT IN INK or TYPE your responses

We are requesting your name, addresses and phone numbers so that we can contact you for further information and let you know when our investigation is complete. You are not required to provide this information. However, without it we will not be able to contact you for additional information we might need to respond to your complaint. While we are investigating your complaint, the information you provide about yourself is not public and can only be released to those authorized by law to obtain the information, such as representatives of the Department, staff of the Office of Administrative Hearings or the courts, and anyone having a court order to obtain the information. After the investigation is complete, the information about you might become public, depending on the nature of the complaint and who the complaint is against.

COMPLAINANT

YOUR NAME	HOME PHONE	WORK PHONE
STREET ADDRESS	CITY	STATE ZIP CODE
E-MAIL ADDRESS		

WHO IS THE COMPLAINT AGAINST?

NAME OF COMPANY, PERSON, ETC.	LICENSE NUMBER	
STREET ADDRESS	CITY STATE ZIP CODE	
WEB SITE / E-MAIL ADDRESS		PHONE NUMBER(S)

TYPE OF WORK INVOLVED (pick one)

new home construction room addition home improvement other (please specify) _____

REASON FOR COMPLAINT (check one or more)

quality of construction failure to complete work failure to pay subcontractors
 contractual dispute financial misconduct no building permit/inspection
 licensing issue general conduct/service other (please specify) _____

DETAILS OF MY COMPLAINT (please attach copies of all relevant documents, such as contracts, proposals, change orders, closing statements, correspondence, etc.) (Attach additional sheets as necessary).

WHAT I WANT MY CONTRACTOR TO DO TO RESOLVE MY COMPLAINT: (Attach additional sheets as necessary).

I hereby affirm the foregoing statements and photocopies of all attached documents are true and correct.

SIGNATURE OF COMPLAINANT	DATE
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This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

PERMISSION FOR RELEASE OF INFORMATION REGARDING
COMPLAINT

Please review carefully, check one option below, then sign and date this form and return it with your completed complaint form and supporting documentation to:

**Minn. Dept. of Labor and Industry
CCLD – Enforcement Services Unit
443 Lafayette Road N.
St. Paul, MN 55155**

- I hereby authorize the Department of Labor and Industry to release my name as the complainant to the subject of the complaint for purposes of furthering the underlying investigation. I also authorize the Department of Labor and Industry to release to the subject of the complaint a copy of my complaint and the facts contained therein as the department deems necessary to assist in furthering the course of the investigation.
- I do not authorize the Department of Labor and Industry to release my name as the complainant or a copy of the complaint to the subject of the complaint. I understand that the department may conduct an investigation of the matter, but will not identify me as the source of the complaint or release a copy of my complaint. I further understand that this may limit the information the department may use in the investigation and impact its outcome.

Signature of Complainant

Date