

CONSUMER COMPLAINT FORM FOR:

Residential Building Contractor

Electrical

Plumbing

Places of Public Accommodation

Other:

Fields marked with an asterisk * are required. Incomplete, inaccurate, illegible forms may be returned to the complainant.			* TODAY'S DATE	
LOCATION OF COMPLAINT				
*Street Address			*County	
*City OR Township (Enter City if within city limits – Enter Township if outside city limits – DO NOT ENTER BOTH)			*State	*Zip
*Case Title (Complaint details – Please attach any supporting documents: Contracts, proposals, change orders, closing statements, correspondence, etc.)				
CONTACT INFORMATION FOR COMPLAINANT (PERSON FILING COMPLAINT)				
Complainant Business Name			*Complainant Contact Name	
*Complainant Street (Mailing) Address	*Complainant City		*Complainant State	*Complainant Zip
*Complainant Mobile Number			Complainant E-Mail	
CONTACT INFORMATION FOR RESPONDENT (WHO COMPLAINT IS AGAINST)				
Respondent Business Name			*Respondent Contact Name	
*Respondent Address	*Respondent City		*Respondent State	*Respondent Zip
*Respondent Mobile Number			Respondent Email	
I AFFIRM THE INFORMATION ON THIS FORM, AND ATTACHED DOCUMENTS, ARE TRUE AND CORRECT				
*Complainant Signature OR typed signature			Printed/Typed Name of Complainant	

Follow-up: The Minnesota Department of Labor and Industry will review the complaint and contact both parties for further information and possible conflict resolution. You will be notified either by email, mail, or phone of any actions taken by the department. For more information on the complaint process, visit the department's website at: <https://www.dli.mn.gov/workers/homeowners/file-complaint-and-view-enforcement-actions>

AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING COMPLAINT

Your name and other identifying information contained in your complaint are not public. This information will not be voluntarily shared with the subject of the complaint by the Department of Labor and Industry during its investigation unless you specifically authorize the department to do so. The information you provide may also be released to others who have authority to review it, including other individuals within the Department, the Minnesota Attorney General's office, state and federal agencies, law enforcement, courts and the legislative auditor. While you are not required to provide this authorization, failure to do so may impact the ability of the department to fully investigate your complaint.

Do you authorize the department to share your name and the facts contained in your complaint with the subject of your complaint?

Please check Yes or No:

YES. 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.

NO. 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 or may not conduct an investigation of the matter but will not identify me as the source of the complaint or release a copy of my complaint to the subject of the complaint. I further understand that this may limit the extent of the department's investigation and may impact the outcome of the investigation.

*Signature of Complainant OR typed signature

*Printed Name

Please complete, sign, date, and return this form, and any attachments by email, fax, or mail:

- ✓ Email: DLI.Contractor@state.mn.us
- ✓ Fax: 651-284-5746
- ✓ Mail: MN Dept. of Labor and Industry, CCLD – Enforcement Services, 443 Lafayette Rd. No., St. Paul, MN 55155

If you have any questions, please call (651) 284-5069.