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|  | **COMPLAINT FORM**  DEPARTMENT OF LABOR  **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  **MECHANICAL LICENSING UNIT**  100 SOUTH CHARLES STREET, BALTIMORE, MD 21201  410-230-6392 | **DO NOT WRITE IN THIS SPACE OFFICIAL RECORD**  DATE RECEIVED: BOARD: COMPLAINT NO. : LICENSING INFORMATION EXPIRATION DATE |
| *TYPE OF COMPLAINT – CHECK ONE*  ELECTRICAL HVACR PLUMBING  STATIONARY ENGINEERING LOCKSMTH  ELEVATOR SAFETY | |
| PLEASE ADDRESS THE ENVELOPE TO THE PROPER BOARD | | |
| **PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT, IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THE BOARD OR IN CRIMINAL COURT** | | |

1. Homeowner information 2. Contractor information

|  |  |  |
| --- | --- | --- |
| LAST NAME |  | NAME OF INDIVIDUAL |
| FIRST | MIDDLE INITIAL | NAME OF BUSINESS |
| STREET ADDRESS |  | STREET ADDRESS |
| CITY COUNTY STATE ZIP | | CITY STATE ZIP |
| HOME PHONE WORK PHONE | | WORK PHONE CELL PHONE |
| CELL PHONE | EMAIL | E-MAIL |
|  |  | LICENSE # |

Please circle your best contact number.

# 3. Contract Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Did you enter into a contract? | YES | NO | If “YES” was the contract | Oral? | Written? |
| With whom did you enter into the contract? | | | | | |
| Date of contract (Month, Day, Year) |  |  | Amount of contract | $ |  |
| Did you pay for the services? | YES | NO | If “YES” give amount | $ |  |
| Does the contract contain an arbitration clause? | YES | NO | If “YES” have you invoked arbitration? | YES | NO |
| 4. Name of the person who actually did the work or performed the service: | | | | | |
| 5. **Work Information**  Date work began:  Did the contractor complete the work? YES NO | | | Last date work performed: | | |

1. **Explanation** - B**riefly describe the facts that support your complaint** (continue on a separate sheet if necessary).

# Complainant (Homeowner) Information

Residential street address where the work was performed:

Street:

City: , Zip:

1. **Affidavit** - I affirm under penalty of perjury that the information contained in this complaint is true and correct to the best of my knowledge. I understand that by filing this complaint, I may be required to appear and testify at a hearing or trial and that if I fail to appear as scheduled, this complaint may be dismissed.

|  |  |  |
| --- | --- | --- |
| YOUR SIGNATURE |  | DATE |