## FORMAL CONSUMER COMPLAINT

TO

Department of Housing, Buildings & Construction Electrical Division 101 Sea Hero Rd., Ste. 101 Frankfort, KY 40601-5412

Phone#: 502-573-1797 Fax#: 502-573-1598

Site of Complaint:						
Complete Street Address		City		County		
Your Name:		Phone:				
If not same as above Address:						
Street or PO Box Address	City	County		Zip		
Company Name		Contractor Licens	se #			
Company Owner(s) Name		Master License #				
Address:	City	County		7i		
Street or PU Box Address	City	County		Zip		
Company Phone:	D	ate of Installation or	Work:			
Indicate the nature of your complaint (	check all th	at apply).				
Electrician not licensed						
Incompetence or a deliberate disregard and	violation of the	Electrical Law, Regulation	s & Code			
Faulty Installation						
Other				-		
There is currently on-going court litigatio	n in this matte	er in	County.			
DESCRIPTION OF ELECTRICAL VI (ADDITIONAL PAGES MAY BE USE						
Explain your complaint in detail from the be	ginning, inclu	ding relevant dates and	the identity of	witnesses (if any)		

omnlainant's Signature:		Date:			
understand and agree that all of the informay be subpoenaed to testify if a hearing is	mation provided on t held before the Hear	this 2-page form is th ing Officer as a resul	rue to the best of my lt of this formal const	knowledge and that I	