

**FORMAL CONSUMER COMPLAINT**

**to**

Department of Housing, Buildings & Construction

Division of Plumbing

101 Sea Hero Rd, Ste. 100

Frankfort, KY 40601-5412

Phone #: 502-573-0397 Fax #: 502-573-1058

**Site of Complaint** \_\_\_\_\_  
*County City Street or Road*

**Owner(s) Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or P O Box Address City County Zip*

**Company Name** \_\_\_\_\_

**Company Owner(s) Name** \_\_\_\_\_ **Master License #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or P O Box Address City County Zip*

**Company Phone #** \_\_\_\_\_ **Date of Installation** \_\_\_\_\_

**Check all that applies below.**

\_\_\_ Plumber **not** licensed.

\_\_\_ Incompetence of or deliberate disregard and violation of building codes and applicable codes.

\_\_\_ Faulty installation, maintenance, alteration or repair of:

\_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_ **There is currently on-going court litigation in this matter in** \_\_\_\_\_ **County.**

**Owner(s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

