



**PUBLIC PROTECTION CABINET**  
**Department of Housing, Buildings and Construction**  
 Division of HVAC  
 101 Sea Hero Road, Suite 100  
 Frankfort, Kentucky 40601-5412  
 Phone: 502-573-0395, Fax: 502-573-1401  
 www.dhbc.ky.gov

Consumer Complaint  
 No: \_\_\_\_\_

Date Received: \_\_\_\_\_

**FORMAL CONSUMER COMPLAINT**

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

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

**Address** \_\_\_\_\_  
*Street or PO Box City County Zip*

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

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

**Address** \_\_\_\_\_  
*Street or PO Box City County Zip*

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

*The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder; refuse to issue or renew a license or certificate; or reprimand, censure, or fine a licensee or certificate holder for violation of KRS 198B.650 to KRS 198.689.*

**Check all that apply below.**

- HVAC person **not** licensed.
- Incompetence, deliberate disregard, or violation of the building or other applicable codes.
- Faulty installation, maintenance, alteration, or repair of:
  - Heating system     Cooling System     Ventilation System
  - Other \_\_\_\_\_

**There is currently ongoing court litigation in this matter in** \_\_\_\_\_ **County.**

*I understand and agree that I may be subpoenaed to testify if a hearing is held before the HVAC Board as a result of this formal consumer complaint.*

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

HVAC 17 (06-15)

**HVAC VIOLATION OR DEFICIENCY**  
(ADDITIONAL PAGES MAY BE USED IF NEEDED)

**Explain in detail, starting with the date on which issues were first discovered, all issues with the HVAC System:**

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**Please include your expectations as to how this matter should be resolved:**

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