

FORMAL CONSUMER COMPLAINT

TO

Department of Housing, Buildings & Construction

Electrical Division

500 Mero Street, First Floor

Frankfort, Kentucky 40601-1987

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 License #** _____

Company Owner(s) Name _____ **Master License #** _____

Address: _____
Street or PO Box Address *City* *County* *Zip*

Company Phone: _____ **Date of Installation or Work:** _____

Indicate the nature of your complaint (check all that apply).

____ Electrician not licensed

____ Incompetence or a deliberate disregard and violation of the Electrical Law, Regulations & Code

____ Faulty Installation

____ Other _____

____ There is currently on-going court litigation in this matter in _____ County.

**DESCRIPTION OF ELECTRICAL VIOLATION OR DEFICIENCY
(ADDITIONAL PAGES MAY BE USED IF NECESSARY)**

Explain your complaint in detail from the beginning, including relevant dates and the identity of witnesses (if any):

