

**FORMAL CONSUMER COMPLAINT**

**to**

Department of Housing, Buildings & Construction  
Division of Plumbing  
500 Mero St, 1<sup>st</sup> Floor  
Frankfort, KY 40601-1987  
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** \_\_\_\_\_

