

Mail to:
Minnesota Department of Labor and Industry
CCLD - Enforcement Services Unit
443 Lafayette Road N.
St. Paul, MN 55155
(651) 284-5069

**Building Contractor
Consumer Complaint Form**
(This form is only for the use of Minnesota residents.)

PRINT IN INK or TYPE your responses

We are requesting your name, addresses and phone numbers so that we can contact you for further information and let you know when our investigation is complete. You are not required to provide this information. However, without it we will not be able to contact you for additional information we might need to respond to your complaint. While we are investigating your complaint, the information you provide about yourself is not public and can only be released to those authorized by law to obtain the information, such as representatives of the Department, staff of the Office of Administrative Hearings or the courts, and anyone having a court order to obtain the information. After the investigation is complete, the information about you might become public, depending on the nature of the complaint and who the complaint is against.

COMPLAINANT

YOUR NAME	HOME PHONE	WORK PHONE
STREET ADDRESS	CITY	STATE ZIP CODE
E-MAIL ADDRESS		

WHO IS THE COMPLAINT AGAINST?

NAME OF COMPANY, PERSON, ETC.	LICENSE NUMBER	
STREET ADDRESS	CITY STATE ZIP CODE	
WEB SITE / E-MAIL ADDRESS		PHONE NUMBER(S)

TYPE OF WORK INVOLVED (pick one)

new home construction room addition home improvement other (please specify) _____

REASON FOR COMPLAINT (check one or more)

quality of construction failure to complete work failure to pay subcontractors
 contractual dispute financial misconduct no building permit/inspection
 licensing issue general conduct/service other (please specify) _____

DETAILS OF MY COMPLAINT (please attach copies of all relevant documents, such as contracts, proposals, change orders, closing statements, correspondence, etc.) (Attach additional sheets as necessary).

WHAT I WANT MY CONTRACTOR TO DO TO RESOLVE MY COMPLAINT: (Attach additional sheets as necessary).

I hereby affirm the foregoing statements and photocopies of all attached documents are true and correct.

SIGNATURE OF COMPLAINANT	DATE
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This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.