

# COMPLAINT FORM

## State of Arkansas Contractors Licensing Board



**Mail to:**

**Arkansas Contractors Licensing Board  
4100 Richards Road North Little Rock, Arkansas 72117  
Phone (501) 372-4661 Fax (501) 372-2247  
Email: [contractors.licensing.board@arkansas.gov](mailto:contractors.licensing.board@arkansas.gov)**

## **PLEASE NOTE**

- A. IF THIS CONTRACTOR IS LICENSED, THEY WILL BE INFORMED OF THIS ALLEGED COMPLAINT AND WILL BE ASKED TO RESPOND. THEY MAY BE ASKED TO CONTACT YOU IN RESPONSE TO THE COMPLAINT.
- B. THE ARKANSAS CONTRACTORS LICENSING BOARD HAS NO AUTHORITY OR JURISDICTION OVER NON-LICENSED CONTRACTORS.
- C. THE ARKANSAS CONTRACTORS LICENSING BOARD CANNOT REPRESENT PRIVATE CITIZENS IN COURT OR COLLECT MONEY ON YOUR BEHALF. PLEASE CONTACT AN ATTORNEY FOR ADVICE ON FILING SUCH AN ACTION.
- D. THE ARKANSAS CONTRACTORS LICENSING BOARD DOES NOT FUNCTION AS A “DISPUTE RESOLUTION” BOARD AND CANNOT RESOLVE CONTRACTUAL DISPUTES BETWEEN PARTIES INVOLVED.

**(NO ORIGINALS OR STAPLES)**

**PLEASE SEND COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT (CONTRACTS, CANCELLED CHECKS AND OTHER PERTINENT MATERIALS).**

**DO NOT SEND MORE THAN 10 PHOTOS (NO ORIGINALS).**

**ALL INFORMATION SUBMITTED TO THE CONTRACTORS LICENSING BOARD IS PUBLIC RECORD AND SUBJECT TO FREEDOM OF INFORMATION ACT (FOIA) REQUESTS.**

# COMPLAINT FORM



## Arkansas Contractors Licensing Board

4100 Richards Road, North Little Rock, Arkansas 72117

Phone (501) 372-4661 Fax (501) 372-2247

Please answer as many of the following questions as possible

### **Complainant**

YOUR NAME \_\_\_\_\_

YOUR COMPANY NAME (if you are a contractor/supplier) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (contact number) \_\_\_\_\_

EMAIL \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP WITH THE CONTRACTOR/PROJECT (Circle all that apply)

Owner      Subcontractor      Supplier      General Contractor      Other

### **CONTRACTOR**

NAME (as shown on contract/invoice) \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

### **PROJECT TO BE INVESTIGATED**

#### **LOCATION OF THE PROJECT**

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## **INFORMATION ABOUT THE PROJECT**

WHAT IS THE TYPE OF PROJECT? \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

AMOUNT: \_\_\_\_\_ CONTRACT DATE: \_\_\_\_\_

NUMBER OF DAYS ON PROJECT \_\_\_\_\_

DATE WORK STARTED \_\_\_\_\_ DATE WORK CEASED \_\_\_\_\_

WHAT TYPE OF CONSTRUCTION? (Circle all that apply)

Addition Repair Replacement New Construction New Purchase

WHAT TYPE OF CONTRACT WAS INVOLVED? (Circle all that apply)

Oral Written New Home Purchase Agreement Other

WERE THERE ANY CHANGE ORDERS? (Circle) Yes No

IF YES, WERE THEY (Circle) Written, Oral, or Both?

WHAT IS THE NATURE OF YOUR COMPLAINT? (Circle all that apply)

Abandonment Workmanship Money Owing Non-payment Other

HAVE YOU FILED IN COURT TO RECOVER DAMAGES ON THIS COMPLAINT?

Yes No

IF YES, HAS A JUDGMENT BEEN ISSUED? Yes No

**\*IF YES TO EITHER QUESTION, PLEASE ATTACH APPLICABLE DOCUMENTATION WITH THIS FORM\***

HAVE YOU MADE ANY ATTEMPTS TO CONTACT THE CONTRACTOR? Yes No

IF YES, WHAT ATTEMPTS HAVE YOU MADE? (Circle all that apply)

Unable to locate Personal contact Telephone Letter

BRIEFLY DESCRIBE THE CONTRACTOR'S RESPONSE: \_\_\_\_\_

\_\_\_\_\_

## **BASIS FOR THE COMPLAINT**

Provide a detailed explanation to support the basis for your complaint below.

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Please list issues in numerical order.

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**\*THE COMPLAINT PROCESS OF THE CONTRACTORS LICENSING BOARD DOES NOT TAKE THE PLACE OF THE CIVIL COURT OR SETTLE DISPUTES.\***

**224-25-5-10. COMPLAINTS AND INVESTIGATIONS**

(a)The purpose of the complaints procedure is to effectively deal with issues affecting the licensure of Contractors. The complaints procedure is not intended to function as a dispute resolution process or code enforcement process. Any complaint registered with the Contractors Licensing Board of alleged violations must be submitted in writing with proper information to identify job site, owner, if possible, any name and phone numbers of individuals and any other information that may tend to be useful in the investigation. The complainant must furnish their name, address and phone number in order to obtain any other information that may be necessary for proper investigation. A written response will be made to a complainant when investigation is closed if so requested.

**Affidavit**

I, \_\_\_\_\_, hereby swear or affirm that the above statements and information provided are true, correct and complete to the best of my knowledge. I further swear or affirm that I have personal knowledge of the allegations made within the complaint and that this complaint is made in good faith. I will assist in the investigation of this complaint, and if necessary, attend hearings and testify to facts. I understand that failure to cooperate with the investigation may result in dismissal of the complaint.

\_\_\_\_\_  
Signature of Complainant