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 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:

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