

FOR OFFICE USE:
Case #: _____
Investigator: _____



P.O. Box 305025
Montgomery, Alabama
36130-5025

STATE OF ALABAMA
BOARD OF HEATING, AIR CONDITIONING
& REFRIGERATION CONTRACTORS

TELEPHONE: (334) 241-0840
FAX: (334) 265-0570
WEBSITE: www.hacr.alabama.gov

COMPLAINT FORM

Name of Company

Your Name

Name of Contractor

Property Address

Address

Mailing Address

City State Zip

City State Zip

Telephone

Telephone

Date Work

Performed _____

Action Pending? Yes _____ No _____

Have you consulted an attorney? Yes _____ No _____

Did you sign a contract? Yes _____ No _____ Date

YOU MUST INCLUDE COPIES OF ALL PERTINENT INFORMATION SUCH AS INVOICES, CANCELLED CHECK, CONTRACTS, WARRANTIES, ETC. THE BOARD WILL NOT CONSIDER COMPLAINTS WITH INSUFFICIENT DOCUMENTATION Please explain the circumstances surrounding your complaint including your attempts to rectify the situation with the contractor. (Attach additional sheets as needed.)

- I have attached copies of all papers that relate to this complaint.
- I understand that in order to successfully handle this complaint the Consumer Protection Unit may need to send this complaint to the person or business I have complained about.
- The information contained in this complaint is true to the best of my knowledge.

Signature

Date