

State of Alabama
Plumbers and Gas Fitters Examining Board
11 W. Oxmoor Road, Suite 104
Birmingham, AL 35209
Office: 205-945-4857
Fax: 205-945-0273
www.pgfb.alabama.gov

CONSUMER COMPLAINT FORM

NOTE: PLEASE PRINT OR TYPE

Your Name: _____ Date Work Performed: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Address where the work was performed: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

Person/Company complained against: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Have you consulted an attorney regarding this matter? _____ Yes _____ No

Please explain the entire circumstances surrounding your complaint, including your attempts to rectify the situation with the contractor. (Attach additional sheets as needed.) You must include all pertinent documents such as contracts, cancelled checks, etc. Please be sure to sign and date this complaint form. By your signature below, you understand that a copy of this complaint will be forwarded to the person or company complained against.

Signature

Date Signed