



CONTRACTOR LICENSING BOARD
NOEL GRIFFITH, CHAIRMAN; M.J. GERTSCH, VICE-CHAIRMAN;
JOE PATTERSON, MAL BURNSIDE, MIKE METZLER, JASON
STEPHEN, MARK ARCHER, BRENT GROESBECK AND PAUL
POMEROY



Type or print legibly

NOTICE: The Contractor Licensing Board has limited authority regarding complaints and a contractor's actions. The Board has no authority to order any monetary payments or to order a contractor to perform any work. The Board may suspend or revoke licenses IF they determine that there has been a violation of the Contractor Licensing Regulations (copy attached). In the event your complaint fulfills this requirement, you must specifically state what action you are seeking.

I, _____, pursuant to Section 4.3 of the Contractor Licensing Regulations, hereby file a complaint against the following contractor:

COMPANY NAME: _____ QUALIFIED SUPERVISOR: _____

PHONE: _____ CONTRACTOR=S ADDRESS: _____
address/ city / state / zip code:

This contractor is responsible for work performed at: _____
address/ city / state / zip code:

COMPLAINANTS NAME: _____ PHONE: _____
COMPLAINANTS ADDRESS: _____
address/ city / state / zip code:

Type of work performed at the above referenced address: (Please check one) New Construction _____
Addition/Remodel _____ Roofing _____ Siding _____ Other _____ Describe _____

Was there a permit issued for this work? Yes ____ No ____ Permit No. _____ Date Issued _____

Nature of complaint: [Provide a short and plain factual statement] _____

Remedy sought: [Provide a short statement as to what action you are seeking] _____

I understand that the Contractor Licensing Board can only address violations of the Contractor Licensing Regulations. I, the undersigned, do hereby declare the above statements to be true and correct to the best of my knowledge.

Signature of Person Filing Complaint Print Name of Person Filing Complaint Date _____

You may attach additional pages as necessary, however, **this form must be completed** with the brief statements as indicated above.

BUILDING SAFETY DEPARTMENT
2101 O'NEIL AVENUE, ROOM 202
CHEYENNE, WYOMING 82001
PHONE: (307) 637-6332 FAX: (307) 637-6366