

**State of Alabama**  
**Plumbers and Gas Fitters Examining Board**  
**216 Aquarius Dr., Suite 319**  
**Homewood, 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