COMPLAINT FORM

State of Arkansas
Contractors Licensing Board

Mail to:
Arkansas Contractors Licensing Board
4100 Richards Road North Little Rock, Arkansas 72117
Phone (501) 372-4661 Fax (501) 372-2247
Email: contractors.licensing.board@arkansas.gov

1. Revised 8/2022
PLEASE NOTE

A. IF THIS CONTRACTOR IS LICENSED, THEY WILL BE INFORMED OF THIS ALLEGED COMPLAINT AND WILL BE ASKED TO RESPOND. THEY MAY BE ASKED TO CONTACT YOU IN RESPONSE TO THE COMPLAINT.

B. THE ARKANSAS CONTRACTORS LICENSING BOARD HAS NO AUTHORITY OR JURISDICTION OVER NON-LICENSED CONTRACTORS.

C. THE ARKANSAS CONTRACTORS LICENSING BOARD CANNOT REPRESENT PRIVATE CITIZENS IN COURT OR COLLECT MONEY ON YOUR BEHALF. PLEASE CONTACT AN ATTORNEY FOR ADVICE ON FILING SUCH AN ACTION.

D. THE ARKANSAS CONTRACTORS LICENSING BOARD DOES NOT FUNCTION AS A “DISPUTE RESOLUTION” BOARD AND CANNOT RESOLVE CONTRACTUAL DISPUTES BETWEEN PARTIES INVOLVED.

(NO ORIGINALS OR STAPLES)

PLEASE SEND COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT (CONTRACTS, CANCELLED CHECKS AND OTHER PERTINENT MATERIALS).

DO NOT SEND MORE THAN 10 PHOTOS, (NO ORIGINALS).

ALL INFORMATION SUBMITTED TO THE CONTRACTORS LICENSING BOARD IS PUBLIC RECORD AND SUBJECT TO FREEDOM OF INFORMATION ACT (FOIA) REQUESTS.
Complainant
YOUR NAME ___________________________________________________________________
YOUR COMPANY NAME (if you are a contractor/supplier) __________________________________________
ADDRESS ______________________________________________________________
CITY, STATE, ZIP __________________________________________________________
PHONE (contact number) _______________________________________________________________________
EMAIL _________________________________________________________________
WHAT IS YOUR RELATIONSHIP WITH THE CONTRACTOR/PROJECT (Circle all that apply)
Owner          Subcontractor       Supplier       General Contractor       Other

Contractor
NAME (as shown on contract/invoice) ________________________________________________
LICENSE NUMBER ______________________________________________________________
ADDRESS ______________________________________________________________
CITY, STATE, ZIP __________________________________________________________
PHONE _________________________________________________________________

Project to be investigated

Location of the Project

Physical Address ______________________________________________________________
CITY, STATE, ZIP __________________________________________________________
INFORMATION ABOUT THE PROJECT

WHAT IS THE TYPE OF PROJECT? ______ RESIDENTIAL ______ COMMERCIAL

AMOUNT: ___________________ CONTRACT DATE: ___________________

NUMBER OF DAYS ON PROJECT ____________

DATE WORK STARTED ___________ DATE WORK CEASED ____________

WHAT TYPE OF CONSTRUCTION? (Circle all that apply)
Addition   Repair   Replacement   New Construction   New Purchase

WHAT TYPE OF CONTRACT WAS INVOLVED? (Circle all that apply)
Oral   Written   New Home Purchase Agreement   Other

WERE THERE ANY CHANGE ORDERS? (Circle) Yes   No

IF YES, WERE THEY (Circle) Written, Oral, or Both?

WHAT IS THE NATURE OF YOUR COMPLAINT? (Circle all that apply)
Abandonment   Workmanship   Money Owing   Non-payment   Other

HAVE YOU FILED IN COURT TO RECOVER DAMAGES ON THIS COMPLAINT?
Yes   No

IF YES, HAS A JUDGMENT BEEN ISSUED?  Yes  No

*IF YES TO EITHER QUESTION, PLEASE ATTACH APPLICABLE DOCUMENTATION WITH THIS FORM*

HAVE YOU MADE ANY ATTEMPTS TO CONTACT THE CONTRACTOR? Yes   No

IF YES, WHAT ATTEMPTS HAVE YOU MADE? (Circle all that apply)
Unable to locate   Personal contact   Telephone   Letter

BRIEFLY DESCRIBE THE CONTRACTOR’S RESPONSE: _______________________________________
___________________________________________________________________

__________________________________________________________

4. Revised 8/2022
BASIS FOR THE COMPLAINT

Provide a detailed explanation to support the basis for your complaint below.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list issues in numerical order.

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________
6. ___________________________________________________________
7. ___________________________________________________________
8. ___________________________________________________________
9. ___________________________________________________________
10. __________________________________________________________
11. __________________________________________________________
12. __________________________________________________________
13. __________________________________________________________
14. __________________________________________________________
15. __________________________________________________________
16. __________________________________________________________
17. __________________________________________________________
18. __________________________________________________________

5. Revised 8/2022
224-25-5-10. COMPLAINTS AND INVESTIGATIONS

(a) The purpose of the complaints procedure is to effectively deal with issues affecting the licensure of Contractors. The complaints procedure is not intended to function as a dispute resolution process of a code enforcement process. Any complaint registered with the Contractors Licensing Board of alleged violations must be submitted in writing with proper information to identify job site, owner, if possible, any name and phone numbers of individuals and any other information that may tend to be useful in the investigation. The complainant must furnish their name, address and phone number in order to obtain any other information that may be necessary for proper investigation. A written response will be made to a complainant when investigation is closed if so requested.

Affidavit

I, _______________________, hereby swear or affirm that the above statements and information provided are true, correct and complete to the best of my knowledge. I further swear or affirm that I have personal knowledge of the allegations made within the complaint and that this complaint is made in good faith. I will assist in the investigation of this complaint, and if necessary, attend hearings and testify to facts. I understand that failure to cooperate with the investigation may result in dismissal of the complaint.

____________________________________
Signature of Complainant

6. Revised 8/2022