



Bureau of Professional Licensing
 Investigations & Inspections Division
 Complaint Intake Section
 P.O. Box 30670, Lansing, MI 48909
 Telephone: (517) 373-9196
 Fax: (517) 241-2389

STATEMENT OF COMPLAINT

Type or print legibly in ink. The Department has jurisdiction in only certain matters involving consumers and licensees in the area of occupational professions licensing laws. If the Department has jurisdiction over your complaint, an investigation will be conducted for possible licensing action by the Department. If a complaint is against a residential builder for violations of the residential building code, you must send a copy of the initial complaint to the builder. Your individual remedies should be pursued in the civil courts.

The Department must receive residential building complaints no later than 18 months after completion, occupancy, or purchase, whichever occurs latest. With regards to projects requiring an occupancy permit, the 18-month ends with the latest of either the issuance of a temporary certificate of occupancy, a certificate of occupancy, or closing. Include appropriate documentation to reflect completion, occupancy, closing, or purchase, as applicable.

YOUR COMPLAINT IS AGAINST	INFORMATION ABOUT YOU
Name of Licensee (Company)	Name
Address (Number and Street)	Address (Number and Street)
City, State Zip Code	City, State Zip Code
Telephone Number	Telephone Number
Name of Person You Dealt With	E-mail Address
License Number (If known)	Are you willing to testify in a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate which profession your complaint is against.

- | | | |
|--|--|---|
| <input type="checkbox"/> Accountancy/CPA | <input type="checkbox"/> Cosmetology School/Shop | <input type="checkbox"/> Personnel Agencies |
| <input type="checkbox"/> Appraisal Mgmt Company | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Professional Engineer |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Forester | <input type="checkbox"/> Professional Surveyor |
| <input type="checkbox"/> Barber/Barber Shop/School | <input type="checkbox"/> Funeral Director/Funeral Home | <input type="checkbox"/> Real Estate Appraiser |
| <input type="checkbox"/> Collection Agency | <input type="checkbox"/> Hearing Aid Dealer | <input type="checkbox"/> Real Estate Broker/Salesperson/Company |
| <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Residential Builder |

Briefly explain your complaint below. Attach additional sheets, if necessary, to clearly document the violations which you believe have occurred.

Attach copies of the following documents as applicable to support your complaint. Failure to do so will cause unnecessary delays. Check below which documents you have enclosed. Do not attach lengthy court proceedings, binders, or other bulky material. You may be asked to provide other documents at a later date. **Do not send originals, we cannot be responsible for their safekeeping.**

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Buyer/Listing Agreement | <input type="checkbox"/> Canceled Checks, Receipts | <input type="checkbox"/> Plats, plans, other specifications | <input type="checkbox"/> Legal Property Description |
| <input type="checkbox"/> Offer to Purchase | <input type="checkbox"/> Claim Form | <input type="checkbox"/> Property Report | <input type="checkbox"/> Contract for Service |
| <input type="checkbox"/> Closing Statement | <input type="checkbox"/> Land Contract | <input type="checkbox"/> Appraisal Report | <input type="checkbox"/> Building Inspection Report |
| <input type="checkbox"/> Disclosure Statement | <input type="checkbox"/> Advertisements | <input type="checkbox"/> Land Survey | <input type="checkbox"/> Building Permit Application/Permit |

I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.

Signature *Date*