North Carolina Irrigation Contractors' Licensing Board
P O Box 41421 • Raleigh, NC 27629
(919) 872-2229 • Fax: (919) 872-1598 • info@nciclb.org

Complaint Form

Required Information *

***Today's Date:**_____

***Date Violation was Noted:**_____

Type of Complaint: Unlicensed Practice ☐, Advertising ☐, Minimum Standard Violation ☐, Other ☐

Suspect Information

***Company and/or Contact Name: (unknown will not be accepted)**			
Company Address:			
City:	**State:**	**Zip Code:**	**County:**
Company Phone Number including area code:	**E mail address:**		
Website:	**License # (if applicable)**		

Site Information

Site Type: Residential ☐ Commercial ☐ Institutional ☐ Other ☐			**Is Job Complete:** Yes ☐ No ☐
Property Owner:	**Subdivision:**		
***Site Address (full address or closest major intersection):**			
***City/Zip:**	***County:**	**Owner Phone:**	

General Contractor (if applicable)

Company Name and/or Contact Name:
General Contractor Phone Number:

*Detailed description of work being performed, how you became aware of alleged violation.

(Attach additional documentation, photos, contracts, invoices, etc. If you require additional space to detail your complaint please attach an additional sheet of paper.)

*Complainant Information

***Complainant Name:**			**License # (if applicable):**
***Address:**			
***City:**	***State:**	***Zip Code:**	***County:**
***Phone Number including area code:**	**E mail address:**		
Website:			

The information I have provided is true and accurate to the best of my knowledge. *Please sign below:

_____