



North Carolina Irrigation Contractors Licensing Board Complaint Form
Fax 919-872-1598 info@nciclb.org

***Required Information**

***Date** _____

***Type of Complaint** Unlicensed Practice ___ Advertising ___ Minimum Standard Violation ___ Other ___

***Company Name** _____

Owner/Contact Name _____

Company Address _____

City _____ State _____ Zip _____

Company phone number _____

Website _____

Individual and/or Corporate License # (if applicable) _____

Job Complete ___ Not Complete ___ Estimated Completion Date _____

Site Information (please provide address of location where work is being performed)

Property owner name _____

***Site Address** _____

***City** _____ ***County** _____

*** Residential** ___ **Commercial** ___ **Institutional** ___ **Other** ___

General Contractor if applicable _____

General Contractor Telephone # _____ GC site contact _____

Provide general description of work being performed. Use additional paper if necessary. Send photos if available.

***Date violation was noted** ____/____/____

How do you become aware of this violation _____

Complainant Information

***Name** _____

***Company Name** _____

***Address/CityState/Zip** _____

***Telephone #** _____ ***Email** _____

License # _____ (if applicable)

PLEASE NOTE: In the case of unlicensed practice, the name of the complainant will not be revealed unless deemed necessary to complete the investigation. (The name of the complainant is not given to the investigator.) 11/01/10