



**North Carolina Irrigation Contractors' Licensing
Board PO Box 41421 Raleigh, NC 27629
(919) 872-2229 | 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:
