



ALABAMA ONSITE WASTEWATER BOARD

60 COMMERCE STREET
SUITE 1500
P. O. BOX 303552
MONTGOMERY, ALABAMA 36130-3552
334-353-9250
www.aowb.alabama.gov

CONSUMER COMPLAINT FORM

<hr/> (LICENSED OR UNLICENSED) PERSON'S NAME	<hr/> YOUR NAME (person filing complaint)
<hr/> ADDRESS (licensed or unlicensed person)	<hr/> ADDRESS (person filing complaint)
<hr/> CITY STATE ZIP	<hr/> CITY STATE ZIP
<hr/> CONTACT PH. NUMBER (licensed or unlicensed person)	<hr/> CONTACT PH. NUMBER (person filing complaint)

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DATE WORK WAS PERFORMED ___/___/201___ DID YOU SIGN A CONTRACT? YES NO (circle one)

HAS PAYMENT BEEN MADE TO THE LICENSED OR UNLICENSED PERSON? YES NO (circle one)

IF SO, HOW DID YOU PAY? CASH/CHECK/CREDIT CARD/MONEY ORDER (circle one) CK/MO # _____

HAVE YOU CONSULTED AN ATTORNEY? YES NO (circle one) ACTION PENDING? YES NO (circle one)

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PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT INCLUDING YOUR ATTEMPTS TO RECTIFY THE SITUATION WITH THE LICENSED OR UNLICENSED PERSON. (ATTACH ADDITIONAL SHEETS AS NEEDED) YOU MUST INCLUDE ALL PERTINENT DOCUMENTS SUCH AS CONTRACTS, CANCELLED CHECKS, COPY OF WATER USAGE FOR THE PREVIOUS MONTHS, ETC). PLEASE BE SURE TO SIGN AND DATE THIS COMPLAINT FORM. PLEASE SUBMIT THIS FORM TO: AOWB, PO BOX 303552, MONTGOMERY, AL 36130-3552.

SIGNATURE (person filing complaint)	DATE
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