



# ALABAMA ONSITE WASTEWATER BOARD

450 SOUTH UNION STREET • 2ND FLOOR

P.O. BOX 303552

MONTGOMERY, ALABAMA 36130-3552

PH: 334-269-6800 FAX: 334-269-5953

www.aowb.alabama.gov

## CONSUMER COMPLAINT FORM

LICENSED OR UNLICENSED PERSON NAME

YOUR NAME (person filing complaint)

ADDRESS (licensed or unlicensed person)

ADDRESS (person filing complaint)

CITY ST ZIP

CITY ST ZIP

TELEPHONE NUMBER/CELL NUMBER

TELEPHONE NUMBER/CELL PHONE (person filing complaint)

DATE WORK WAS PERFORMED \_\_\_\_\_ 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) CHECK/MO # \_\_\_\_\_

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

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 the AOWB at P.O. Box 303552 Montgomery, AL 36130.

Signed by \_\_\_\_\_

Date \_\_\_\_\_