ALABAMA ONSITE WASTEWATER BOARD

P.O. BOX 303552
MONTGOMERY, ALABAMA 36130-3552
PH: 334-353-9250
www.aowb.alabama.gov

CONSUMER COMPLAINT FORM

OFFENDER'S NAME (LICENSED OR UNLICENSED)

YOUR NAME (PERSON FILING COMPLAINT)

ADDRESS OF COMPLAINT

YOUR ADDRESS

CITY **STATE** **ZIP**

CITY **STATE** **ZIP**

OFFENDER'S PHONE NUMBER

YOUR PHONE NUMBER

==========

DATE THE WORK WAS PERFORMED _____ **DID YOU SIGN A CONTRACT?** ☐ **YES** ☐ **NO**

HAS A PAYMENT BEEN MADE TO THE OFFENDER? ☐ **YES** ☐ **NO**

IF SO, HOW WAS PAYMENT MADE? ☐ **CASH** ☐ **CREDIT CARD** ☐ **CHECK/MONEY ORDER** **CK/MO#** _____

HAVE YOU CONSULTED AN ATTORNEY? ☐ **YES** ☐ **NO** **IS THERE LEGAL ACTION PENDING?** ☐ **YES** ☐ **NO**

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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 MAIL THIS FORM TO: AOWB, PO BOX 303552, MONTGOMERY, AL 36130-3552 OR EMAIL TO:

aowb@aowb.alabama.gov

PLEASE BE SURE TO SIGN AND DATE THIS COMPLAINT FORM

SIGNATURE **(PERSON FILING COMPLAINT)**

DATE

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CONSUMER COMPLAINT FORM (PAGE 2)

SIGNATURE (PERSON FILING COMPLAINT) _____ **DATE** _____

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CONSUMER COMPLAINT FORM (PAGE 3)

_____ _____

SIGNATURE **(PERSON FILING COMPLAINT)** **DATE**