



# ALABAMA ONSITE WASTEWATER BOARD

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

## CONSUMER COMPLAINT FORM

PERSON'S NAME (licensed or unlicensed person)

YOUR NAME (person filing complaint)

ADDRESS (licensed or unlicensed person)

ADDRESS (person filing complaint)

CITY STATE ZIP

CITY STATE ZIP

CONTACT PH. NUMBER (licensed or unlicensed person)

CONTACT PH. NUMBER (person filing complaint)

DATE WORK WAS PERFORMED \_\_\_/\_\_\_/20 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)

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 SUBMIT THIS FORM TO: AOWB, PO BOX 303552, MONTGOMERY, AL 36130-3552.

**PLEASE BE SURE TO SIGN AND DATE THIS COMPLAINT FORM**

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\_\_\_\_\_

SIGNATURE (person filing complaint) DATE