

COMPLAINT/INTAKE FORM

FAX THIS FORM TO 907-269-4932 ATTN: Contractor Licensing Enforcement
or E-MAIL TO: Anchorage.LSS-MI@alaska.gov

SOURCE OF INFORMATION:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-Mail:

Source willing to be identified and appear as a witness as necessary.
(Even if source is not willing to be identified, their information may be helpful should questions arise during any inquiry/investigation).

COMPLAINT ALLEGES:

Name of alleged offender:

(Please include business name and owner name if known)

Address/city/state/zip:

Phone & Fax numbers:

Date of Offense:

Location of Offense/Project:

Is documentary evidence available (Y/N)

Details of Complaint:

COMPLIANCE ITEMS: (FOR OFFICE USE ONLY)

Contractor License Number: _____ Expiration: _____

Insurance Current (Y/N): _____ Bonding Current (Y/N): _____

Referred to/DATE: _____

Comments:
