All of the documents listed below may not apply to your situation. The most important document we need is a copy of the contract.

You can assist the Board with its investigation of your consumer complaint by providing documentation related to your complaint. Please review the documents listed below and indicate which documents you are providing to the Board. Please return the list and the documents to the Board with your consumer complaint form.

| 1) | Contract | Yes | No | | | | |
|----|---|-----|----|--|--|--|--|
| 2) | Deed | Yes | No | | | | |
| 3) | Building Permit | Yes | No | | | | |
| 4) | Warranty | Yes | No | | | | |
| 5) | Copies of Liens/Judgments | Yes | No | | | | |
| 6) | Blueprints/Plans | Yes | No | | | | |
| 7) | Written Correspondence with Builder Regarding Complaint | Yes | No | | | | |
| 8) | Photographs | Yes | No | | | | |
| 9) | Additional Relevant Documentation | Yes | No | | | | |
| | DO NOT STAPLE OR CLIP THE COMPLAINT FORM OR DOCUMENTATION | | | | | | |

State of Alabama Home Builders Licensure Board Consumer Complaint Form

| Home Builders Licensure Board Compliance and Consumer Affairs Montg | | | | | | | | |
|---|--|---|------------------------|--|--|--|--|--|
| | | | | | | | | |
| Work Telephone Number: () Home Telephone Number: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| City | County | State | Zip Code | | | | | |
| Address for the Residence which is the Subject of this Complaint: | | | | | | | | |
| City | County | State | Zip Code | | | | | |
| t: | | | | | | | | |
| Name, Address and Telephone Number of the Residential Builder Involved in this Complaint: | | | | | | | | |
| | | | Telephone | | | | | |
| City | County | State | Zip Code | | | | | |
| ed: | | | | | | | | |
| For "New" Home Construction, Date You Took Possession of Residence (Closing Date: | | | | | | | | |
| e, Date Constr | uction Comple | ted: | | | | | | |
| | | | | | | | | |
| esult of this m | natter? 🗖 Y | ES 🔲 NO | | | | | | |
| this matter? | YES 🗆 | NO | | | | | | |
| If yes, please provide Attorney's Name, Address and Telephone Number: | | | | | | | | |
| | | | Telephone | | | | | |
| | | | | | | | | |
| nentation shou | s surrounding y ld be included; | our complaint. (however, suppo | rting | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Hom City this Complaint City t: idential Builde City ed: e, Date Constr result of this m this matter? nd Telephone i City circumstances nentation shou | City County this Complaint: County City County t: | Home Telephone Number: | | | | | |

I understand that the Home Builders Licensure Board will send a copy of this complaint and attached information to the residential home builder against whom this complaint is made.

I wish to file this complaint with your office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I also understand that I may lose the right to sue about this matter entirely or for part of what I might be entitled to if I wait on action by the Home Builders Licensure Board. I am, however, filing this complaint to notify your office of the activities of this party and to seek any other assistance you may be able to render.

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge.

Signature of Homeowner

Date

STATE OF

COUNTY OF

_____, _____,

BEFORE ME, the undersigned Notary Public, in and for said County and State, personally appeared

who is known to me and who, after being first duly sworn, deposes and says that the contents of the foregoing instrument and any attached statement thereto, are true and accurate to the best of his/her knowledge, information and belief, and is submitted voluntarily and under oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this the ______day of

Notary Public

My Commission Expires:

(NOTARIAL SEAL)

| FOR OFFICE USE ONLY | | | | | | | |
|---------------------------------|------|-----|----|--------------------|--|--|--|
| Other Complaints | | YES | NO | | | | |
| Consumer Complaint File Number: | | | | | | | |
| Builder Licensure File Number: | | | | Unlicensed Builder | | | |
| Roofer | _YES | NO | | | | | |
| | | | | | | | |

REVISED 12/2021