



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

Mail Complaint Form and Documents to:
Sacramento Intake & Mediation Center
P.O. Box 269116, Sacramento, CA 95826-9116
(800) 321-CSLB (2752)

Norwalk Intake & Mediation Center
12501 East Imperial Highway, Suite 620, Norwalk, CA 90650
(800) 321-CSLB (2752)

www.cslb.ca.gov | CheckTheLicenseFirst.com

Solar Complaint Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. A CSLB REPRESENTATIVE WILL CONTACT YOU TO REVIEW ALL INFORMATION PROVIDED. DO NOT SEND ORIGINALS—DOCUMENTS RECEIVED WILL NOT BE COPIED OR RETURNED.

Please attach COPIES of all pages of the solar contract and change orders (front and back), finance documents or canceled checks (front and back), invoices, advertisements, business cards, or other relevant documents.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. YOUR NAME Last First Middle				2. CONTRACTOR BUSINESS NAME (as shown on contract/invoice)					
ADDRESS Number Street				CONTRACTOR NAME		LICENSE NO. USED, IF ANY			
CITY		COUNTY	STATE	ZIP CODE		CONTRACTOR ADDRESS Number Street			
PHONE (Where you can be reached 8:00 a.m. – 5:00 p.m.) ()				CITY		STATE	ZIP CODE		
OTHER PHONE ()		EMAIL ADDRESS		PHONE ()		EMAIL ADDRESS			
1a. <input type="checkbox"/> I AM 65 YEARS OF AGE OR OLDER (optional)				WHO PRESENTED, NEGOTIATED, OR EXPLAINED THE CONTRACT (List name of person)?					
1b. <input type="checkbox"/> I AUTHORIZE THE FOLLOWING PERSON TO HANDLE THE COMPLAINT ON MY BEHALF:				WHERE WAS THE CONTRACT NEGOTIATED?					
NAME Last First		RELATIONSHIP		HOW DID YOU FIND THE CONTRACTOR?					
PHONE (8:00 a.m. – 5:00 p.m.) ()		HOME PHONE ()		<input type="checkbox"/> DOOR TO DOOR SALES <input type="checkbox"/> PHONE SALES <input type="checkbox"/> WEBSITE _____ <input type="checkbox"/> OTHER _____					
3. OWNER OF CONSTRUCTION SITE <input type="checkbox"/> I AM THE OWNER		OWNER NAME		4. CONSTRUCTION SITE ADDRESS <input type="checkbox"/> SAME AS MY ADDRESS					
ADDRESS Number Street				ADDRESS Number Street					
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE		
PHONE ()				PHONE ()					
5. WHAT IS YOUR PRIMARY COMPLAINT? (CHOOSE ONLY ONE) – A CSLB REPRESENTATIVE WILL DISCUSS ALL ITEMS OF COMPLAINT WHEN WE CONTACT YOU.									
<input type="checkbox"/> Workmanship <input type="checkbox"/> Abandonment <input type="checkbox"/> Unlicensed Activity <input type="checkbox"/> Unregistered Salesperson <input type="checkbox"/> Misrepresentation <input type="checkbox"/> Other _____									
6. CONTRACT DATE		7. AMOUNT OF CONTRACT		8. AMOUNT PAID AS DEPOSITE		9. DATE WORK STARTED		10. DATE WORK STOPPED	
11. HOW DID YOU PAY FOR THE SYSTEM (CHOOSE ONE):									
<input type="checkbox"/> Cash/Check/Credit Card <input type="checkbox"/> Lease <input type="checkbox"/> Power Purchase Agreement (PPA) <input type="checkbox"/> Financed IF FINANCED, WHAT TYPE: <input type="checkbox"/> Property Assessed Clean Energy (PACE) <input type="checkbox"/> What PACE Provider did you use _____ <input type="checkbox"/> Other "green" financing _____ <input type="checkbox"/> Other Financing _____									
12. REMEDY SOUGHT									

FOR OFFICE USE ONLY

COMPLAINT NUMBER	TYPE CNST	I N V	O R G	P R T Y	DATE RECEIVED			SPECIAL PROJECT	DT STAT EXP			CSR INIT	ASSIGNED TO CSR			ER INIT	ASSIGNED TO ER												
					MO	DA	YR		MO	DA	YR		MO	DA	YR		MO	DA	YR										
FY																													
LICENSE NUMBER					CLOSURE LETTER		DISPOSITION		DATE CLOSED			STATUS CHANGE						STP											
SECTIONS VIOLATED					C							C						C						C					
					DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		

13. Have you filed a civil complaint in court to recover damages? Yes (If so, provide documentation with this form) No

14. Is this project a: Residence Commercial Building Other _____

15. Was a Battery Backup part of the contract? Yes No

16. How did you sign the contract? Wet Signature Digital Signature I did not sign the contract.

17. Were there any change orders? Yes No If yes, were they: Verbal Written Both

18. Did you receive a Solar Disclosure Notice? (Please refer to the first page of your Home Improvement contract) Yes No

19. Building permit obtained by: Contractor You Do Not Know

20. Did the contractor have employees? Yes No If yes, how many? _____
Names of employees, if known: _____

21. Does CSLB have your authorization to obtain your utility documents to be used in this investigation? Yes No

22. Do you have a reverse mortgage? Yes No

23. What attempts have you made to contact the contractor?
 Unable to locate Personal contact Telephone Letter (Provide copies)

24. Was the contractor paid in full? Yes No How much was the contractor paid, if known _____

25. Have you obtained an estimate from another contractor to correct and/or complete the project? Yes No
(If yes, provide copies) Amount \$ _____

26. Have you had the job corrected or completed? Yes No
(If yes, provide copies of the contract and proof of payment) Amount \$ _____

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information. The Department of Consumer Affairs and the Contractors State License Board (CSLB) collects the information requested on this form to investigate the allegations of your complaint. Your complaint may lead to CSLB taking disciplinary action against a contractor, if warranted.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, CSLB may not be able to properly investigate or help you resolve your complaint.

Access to Your Information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information

you give us with the contractor you complained about or with other government agencies, as authorized. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Information Security and Privacy Protection, 1325 J Street, Suite 1650, Sacramento, CA 95814, or email privacy@oispp.ca.gov.

I declare under penalty of perjury that the information contained on this Complaint Form is true and correct to the best of my knowledge, and that this declaration was signed at (city) _____, (state) _____ on (date) _____.

I agree that I will assist in CSLB's investigation or prosecution of the contractor or other responsible parties, and will, if necessary, attend hearings and testify to facts as alleged in this form.

27. SIGN HERE _____ DATE _____