

# ARIZONA REGISTRAR of CONTRACTORS (ROC)

## COMPLAINT FORM INFORMATION

3838 N Central Ave, Suite 400 - Phoenix, AZ 85012-1946

Complaints against a licensed contractor must be filed within two years from the date of:

- Close of escrow or actual occupancy (whichever occurred first) of a new structure or completion of remodel/repair.
- Repair(s) made by a contractor during the first two years from the date of close of escrow or occupancy (whichever occurred first) or completion of remodel/repair.

**Prior to filing a complaint, we strongly urge you to contact your contractor and advise him or her of your problem(s). Many complaints can be resolved by simply opening the lines of communications.**

For a list of violations of ROC statutes that are cause for suspension or revocation of a license, please visit our website at <http://www.azroc.gov/statutes.html>.

Complaints against an unlicensed contractor can be considered at any time and should include copies of:

- Proposals, contracts, purchase orders and invoices.
- Both sides of any check(s) paid to the suspect.
- Any business card, flyer, or other form of advertising.
- Any documents obtained by you or the suspect that relates to your complaint, i.e. permits, sketches and photos.

**DO NOT SEND ORIGINAL DOCUMENTS** (all documents may be viewed by the public)

## COMPLAINT FORM INSTRUCTIONS

Please provide as much of the requested information as possible.

### Section #1. "Person Filing The Complaint"

- Include a phone number where we can reach you during the day and a mailing address where you want your mail sent.
- If filing on behalf of a Homeowners Association (HOA), **you must** include an HOA resolution signed by three board members. You can download a sample form at: <http://www.azroc.gov/ Acrobat/Inspect/RC-C-073.pdf>.

### Section #2. "Contractor Filed Against"

**List only one contractor per complaint form. File a separate form for each contractor involved. Any form filed against two contractors will be returned.**

### Section #3. "Contract and Worksite Information" and Section #4. "Complaint Information"

To avoid delays in the processing of your complaint, please fill out these two sections completely. (If any information requested on the form does not apply to your complaint, enter none or N/A (not applicable).)

### Section #5. "Numerical List of Complaint Items"

- **Numerically** list the problem items in a logical order.
- If necessary, attach additional pages listing the items **numerically**.
- Include in the complaint everything you want to be considered by the inspector. The Inspector will evaluate only those items listed in your complaint. Items added after the initial filing date may result in delays.

### Completing the Form and Things to Know

- ✓ The complaint form you submit must have your original signature; no copies or fax copies will be accepted.
- ✓ Include only photocopies of original supporting documents and retain all originals for your future use.
- ✓ **Do not** include photographs, video or audiotapes, blueprints, ring binders or other items at this time.
- ✓ Any material submitted with your complaint may be viewed by the public and **will not** be returned to you.
- ✓ The complaining party(ies) must sign and date the complaint form. If filing on behalf of a company, an owner, partner or officer of the company must sign the form. **Unsigned complaint forms will be returned.**
- ✓ You may deliver or mail your complaint form to the nearest Registrar of Contractors' office (please keep a copy of the form for your records).
- ✓ If you have questions, you can browse the ROC website or call any of our offices (see other side).

# ARIZONA REGISTRAR *of* CONTRACTORS

Statewide Offices

## Flagstaff

2901 Shamrell Blvd., Suite 100

Flagstaff, Arizona 86001-1829

Telephone: (928) 637-0480

Directions: Exit 337 on Interstate 17 to Shamrell Blvd.

## Show Low

581 East Old Linden Road, Suite C

Show Low, Arizona 85901

Telephone: (928) 537-8842

Directions: Next to Baker Office City.

## Kingman

715 Main St., Suite C

Kingman, AZ 86401-6220

Telephone: (928) 753-4220

Directions: Between Pico and Johnson, off Stockton Hill, next to the Main Post Office.

## Tucson

400 West Congress Road, Suite 212

Tucson, Arizona 85701-1311

Telephone: (520) 628-6345

Directions: Northwest corner of West Congress and Granada.

## Lake Havasu City

231 Swanson Ave., Ste. 100

Lake Havasu City, AZ 86403-0966

Telephone: (928) 855-2144

Directions: On Swanson, North of S. Smoketree Ave. Exit HWY 95 at Swanson or S. Smoketree.

## Yuma

2450 S 4th Ave Ste # 117

Yuma, Arizona 85364

Telephone: (928) 344-6990

Directions: Northwest Corner of 24th Street and 4th Ave. in the Crescent Center.

## Prescott

240 South Montezuma Street, Suite 202B

Prescott, Arizona 86303-3028

Telephone: (928) 445-5710

Directions: South from Gurley on Montezuma St. across from the Salvation Army.

## Phoenix

CITY SQUARE

3838 N Central Ave, Suite 400

Phoenix, AZ 85012-1946

Telephone: (602) 542-1525

Toll Free within Arizona

1-877-MY AZROC (1-877-692-9762)

TDD: (602) 542-1588

Directions: Southwest building at Clarendon and Central Ave. in the City Square Plaza



# ARIZONA REGISTRAR of CONTRACTORS

## COMPLAINT FORM for Licensed and Unlicensed Contractors

LICENSE #	CLASS	TYPE OF ENTITY	STATUS	COMPLAINT #	
NAME OF CONTRACTOR			ASSIGNED TO		
DO NOT WRITE IN THE GREY AREA ABOVE, FOR OFFICIAL USE ONLY					
<b>1. PERSON FILING THE COMPLAINT</b>					
Homeowner <input type="checkbox"/> Material/Equip supplier <input type="checkbox"/> Contractor <input type="checkbox"/> Commercial property owner <input type="checkbox"/> Other _____					
Name <span style="float: right;">Company name (If filing on behalf of a company)</span>					
Mailing address <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span></span>					
Daytime phone	Home/Cell phone number	E-mail address		If licensed, ROC license #.	
Attorney's name (if any)	Attorney's phone number	Attorney's address (include City, State and Zip)			
<b>2. CONTRACTOR FILED AGAINST</b>					
Contractor name			ROC license #. (If known)	Phone number	
Contractor's mailing address <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span></span>					
<b>3. CONTRACT AND WORKSITE INFORMATION</b>					
Date of contract	Verbal <input type="checkbox"/> Written <input type="checkbox"/> Both <input type="checkbox"/>	Contract amount \$	Total paid to contractor \$	Paid in-full Yes <input type="checkbox"/> No <input type="checkbox"/>	I owe <input type="checkbox"/> I'm owed <input type="checkbox"/> \$
The property is: Residential <input type="checkbox"/> Commercial <input type="checkbox"/>		Project is a: New structure <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____			
Worksite address (where the work was performed) <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 50px;">Zip</span></span>					
Briefly describe the type of work for which you contracted (Example: room addition, landscaping, concrete, painting, roofing, pool, etc.)					
Completion date	Date work last performed	Close of escrow date		Move-in date	
Building permit Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans and specifications Yes <input type="checkbox"/> No <input type="checkbox"/>	Has any of the work been repaired or completed by a new contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Important:**

- Do not send originals of supporting documentation. They will not be returned to you.
- All documents submitted with this complaint may be viewed by the public.  
(To protect your privacy, black out all SSN or financial account information.)
- Briefly list all complaint items in numbered order on page two of this form.
- Incomplete or unsigned complaint forms will be returned.
- Sign, date and submit the original complaint form. Make a copy for your records.

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 "Under penalty of law, I verify that the information given in this complaint is true to the best of my knowledge"

Signature (Complainant \_\_\_\_\_ or Attorney \_\_\_\_\_)

Print your name

Date

Persons with disabilities may contact the ADA Coordinator at 602-542-1525; TDD 602-542-1588 or Toll Free 1-877-MY AZROC (1-877-692-9762).

**Deliver or mail the original complaint form to the nearest Registrar of Contractors' office.**

