



North Carolina Landscape Contractors' Licensing Board

Phone: (919) 266.8070 - Fax (919) 782.9420

Email: complaint@nclcb.com

Complaint Form

Required Information *

*Today's Date: _____ Time of Day _____

*Type of Complaint: Unlicensed Practice ____, Advertising ____, Minimum Standard Violation ____, Other _____

Suspect Information - *Date violation was noted: _____

*Company and Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Website: _____

License # (if applicable): _____ Job Complete?: YES ____ NO ____, Estimated Completion Date _____

Vehicle tag # _____ Description of Vehicles _____

Estimated Crew/ Quantity _____

Site Information

Property Owner: _____ Subdivision: _____

*Site Address: _____

*City/ZIP: _____ Phone: _____ *County: _____

* Residential ____, Commercial ____, Institutional ____, Other _____

General Contractor (if applicable): _____ Phone: _____

General description of work being performed: Attach additional documentation, photos, contracts, invoices, etc. If you require additional space to detail your complaint please submit an additional sheet of paper.

Complainant Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Are you? Home owner ____, General concerned citizen ____, Landscaper ____, License # _____ Other ____
(if applicable)

I attest that the information I have provided is true and accurate to the best of my knowledge.

Signature