



Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4470 • Fax: 803-896-4656

RESIDENTIAL BUILDERS COMPLAINT FORM

Please complete and return to this office for review in order to determine if this complaint falls within the scope of the statutory authority of the Residential Builders Commission. Please answer all questions so that your complaint can be processed as soon as possible. Failure to answer all questions could result in delays in processing and/or request for additional information. Once your complaint has been processed, you will be notified of its status.

Attach a copy of the Building Permit Application, the Certificate of Occupancy, copies of any invoices, estimates, contract or cancelled checks that links the builder to the project. A copy of your "right-to-cure" letter to the builder. (Required, if applicable to project.)

COMPLAINANT INFORMATION (Individual filing complaint)

Name: _____

Address: _____
Street/PO Box City State Zip Code

Contact Phone: _____ Email: _____

Alt. Phone: _____ Fax: _____

What is the best way to reach you? (Phone, email, etc.) _____

RESPONDENT INFORMATION (Individual or business the complaint is filed against)

Name: _____ License: _____
If applicable or known

Business Name: _____ Phone: _____

Business Address: _____
Street/PO Box City State Zip Code

SUBJECT PROPERTY

Property Address: _____
Street/PO Box City State Zip Code

County: _____ City/ Town of (if applicable): _____

Facts Regarding This Complaint:

A. About your agreement:

- | | | | | |
|---|------------------|------------------|-----|----|
| 1. Did you enter into a: | Written Contract | Verbal Agreement | | |
| 2. Is a copy of your contract attached to this complaint? | | | YES | NO |
| 3. Total cost of construction: \$ | _____ | | | |

B. Work performed for:

- | | | | | | |
|--|----------------------|-----------------|----------------------|-----|----|
| | New Construction | Repair/ Remodel | Structure Inspection | | |
| 1. Is a copy of your building permit application attached (if applicable)? | | | | YES | NO |
| 2. If new construction, has Certificate of Occupancy been issued?
(Attach a copy of the CO if it has been issued) | | | | YES | NO |
| 3. What is the approximate age of the home? | _____ | | | | |
| 4. If repairs or remodeling, date work started: | _____ | | | | |
| | date work completed: | _____ | | | |

C. Have you hired an attorney to assist you in this matter? YES NO

If yes provide name and address:

Attorney name: _____ Phone: _____

Firm name: _____

Mailing Address: _____

D. Have you attempted to contact the licensee about your concern? YES NO

E. Have you begun a civil action concerning the items in your complaint? YES NO

COMPLAINT DETAILS

A. Explain your complaint specifically.

B. List specific items that need correction.

1. _____
2. _____
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32. _____

Alternative Complaint Resolution Option

The Residential Builders Commission (Commission) offers the public an alternative way to resolve certain issues without the need for a formal investigation or a trial-like Commission hearing. It is called Alternative Complaint Resolution (ACR) and it allows the license holder time to correct the issue(s) alleged in the complaint that has been filed against them. However, not all complaints or issues qualify for ACR.

If you would like to participate, please check the box below. The Commission will review the complaint and decide whether ACR is appropriate. If your ACR request is approved and the license holder agrees to participate, the license holder will contact you to schedule a time to correct the issue(s) you alleged in your complaint. The issue(s) should be resolved within 30 days but no more than 60 days after the Commission approves your request for ACR. If ACR is successful, then your complaint will be recommended to the Commission for dismissal. If ACR is not successful, then your complaint will be investigated like any other complaint.

If you do not wish to participate in the ACR process, do not check the box below. Your complaint will be investigated in the normal course like any other complaint.

Request to Participate in ACR:

- By checking this box, I request that the Commission review my complaint for participation in ACR, and I acknowledge and understand the following:
- If my complaint is approved for ACR, the license holder named in my complaint may contact me as a result.
 - If I am able to resolve my complaint with the license holder through ACR, the Commission may dismiss my complaint.
 - If ACR is not successful, my complaint will be investigated and may result in a trial-like hearing before the Commission.

ATTESTATION

I hereby swear or affirm under penalty of perjury that, to the best of my knowledge, all statements I have made in this initial complaint are true and the supporting documents I have provided are true and accurate copies. I understand that this complaint and supporting documentation become a part of the official case record and will become the property of the South Carolina Department of Labor, Licensing and Regulation, and will not be returned to me.

Complainant Signature

Date



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GOOD CAUSE EXPLANATION

The law requires that the name of the person submitting a complaint must be disclosed to the license holder who is the subject of a complaint. There is an exception to this, however, if the Board determines that good cause exists to withhold the name from the license holder.

Please use the space below to explain the reasons you believe your name should be kept private. The explanation in the space below will not be released to the license holder.

Do not use the space below to restate information already provided in the complaint you file against the license holder. Information provided below that does not relate to a request to withhold your name may not be considered in the complaint review.

Good Cause Explanation:

I understand that I am allowed to provide information for the Board's consideration to support my request to keep my name from being released to the license holder. I further understand that the Board may rule against me and determine that my explanation does not show sufficient good cause to keep my name from being disclosed. In that case, my name will be released to the license holder. For my request to be considered by the Board, I understand that I must file my complaint **and** provide my good cause explanation at the same time. I further understand that whether or not my name remains private, the license holder will receive a copy of my complaint and my supporting materials.

Complainant Signature

Date