



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

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DIRECTOR

April 27, 2004

This package contains the forms necessary to file a complaint against an individual or a company regulated by the Bureau of Commercial Services.

After downloading from our web site or receiving these forms via e-mail, you should print a hard copy of the blank form(s) and enter the information by hand.

While we have tried to develop this package to be compatible with most computer systems, there is a possibility that it may be incompatible with your printer or printer drivers, or another part of your operating system. If you are unable to get the forms to print you should call our office to receive them via first class mail.

<i>Complaint Number-For Office Use Only</i>

## STATEMENT OF COMPLAINT BUILDERS/HOME IMPROVEMENT CONTRACTORS

**INSTRUCTIONS TO THE COMPLAINANT:** Please type or print legibly in ink. Read both sides of this form carefully before completing. Be sure to sign and date the back of this form. **(FILING PERIOD: THIS COMPLAINT MUST BE RECEIVED BY THE DEPARTMENT OF LABOR & ECONOMIC GROWTH WITHIN 18 MONTHS AFTER COMPLETION, OCCUPANCY OR PURCHASE, WHICHEVER OCCURS LATER.)**

If you decide to file a complaint with the Department, you must:

A. Complete this form, **Statement of Complaint**, listing all items of your complaint. Make three copies of the completed form, then mail the Statement of Complaint to the Department at the address listed above, and to the builder or maintenance and alteration contractor, within the filing period.

B. Take the attached **Request for Completion of Building Inspection Report**, along with a copy of your Statement of Complaint, to your **local building inspector** to complete and forward the report to the Department as soon as possible.

YOUR COMPLAINT IS AGAINST		INFORMATION ABOUT YOU	
1. Name of Licensee (Company)		8. Name	
2. Address (Number and Street)		9. Address (Number and Street)	
3. City, State	Zip Code	10. City, State	Zip Code
4. Telephone Number ( )	5. Name of Person You Dealt With	11. Telephone Number Day ( ) Evening ( )	
6. License Number (if known)	7. Date of Completion or Occupancy	12. What is the nature of your transaction? <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Maintenance	

13. If the contract was other than for new construction, briefly state the nature of the services contracted for: \_\_\_\_\_  
 \_\_\_\_\_

14. If you have a contract with the licensee, does your contract provide for any alternative dispute resolution procedures or arbitration?  
 Yes                       No

15. Have you contacted the above named person or company in writing about your complaint?     Yes                       No

If yes, what evidence do you have? Please attach evidence to this form. \_\_\_\_\_  
 \_\_\_\_\_

16. What do you want the person or company named above to do to resolve the complaint? \_\_\_\_\_  
 \_\_\_\_\_

17. Did you file a claim with any other agency or start civil or criminal action?     Yes                       No

If yes, where? \_\_\_\_\_ Case Number \_\_\_\_\_

What is the current status of that claim? \_\_\_\_\_

<i>For Office Use Only</i>





## ADDITIONAL INSTRUCTIONS FOR THE STATEMENT OF COMPLAINT FORM

Failure to follow these instructions could result in your complaint file being closed.

**FILING PERIOD: COMPLAINTS MUST BE RECEIVED BY THE DEPARTMENT OF LABOR & ECONOMIC GROWTH WITHIN 18 MONTHS AFTER COMPLETION, OCCUPANCY OR PURCHASE, OF A RESIDENTIAL STRUCTURE, OR A COMBINATION OF RESIDENTIAL AND COMMERCIAL STRUCTURE, WHICHEVER OCCURS LATER.**

This Division has jurisdiction in only certain matters involving consumers and licensees. The Department may only be able to pursue some of the allegations you have made. It has regulatory responsibility to pursue disciplinary actions against licensees. It is suggested that you first contact the person or firm about whom you have a complaint to see if the matter can be settled. If this has been unsuccessful, you may want to consult an attorney to determine your civil options, file an action in Small Claims Court, or contact your Prosecutor. These may be done in conjunction with or instead of filing a complaint with this Department.

If you decide to file a complaint with the Department, you must:

1. Complete the "Statement of Complaint" listing all items of your complaint. Do not state "See attached" and reference civil court pleadings, binders containing documentation or other bulky material. You may attach a typewritten or hand printed list or narrative explaining your complaint. Please include a copy of your contract with the builder or maintenance and alteration contractor, canceled checks and/or closing statements.
2. Make three copies of the completed "Statement of Complaint" and any attached narrative. Mail the original to the Department at the address listed at the bottom of this page. At the same time that you mail the original to the Department, you must mail a copy including any attached narrative to the builder or maintenance and alteration contractor whom your complaint is against. Keep one copy for your files.
3. Take the enclosed "Request for Completion of Building Inspection Report," along with the third copy of the "Statement of Complaint" and any attached narrative, to your local building inspector. Ask the inspector to complete and forward the report to the Department as soon as possible. You are responsible for making sure that the completed building inspection report is sent to the Department.
4. The Occupational Code 1980 PA 299, Section 2411(5)(f) requires that you (the homeowner) shall show that you have provided the contractor with the reasonable time and dates that the residential structure was accessible for any needed repairs and proof acceptable to the Department that the repairs were not made within 60 days after the sending of the notice. (Please attach proof).

## REQUEST FOR COMPLETION OF BUILDING INSPECTION REPORT

INITIAL REQUEST

ADDITIONAL INFORMATION REQUEST

**Instructions to Homeowner:** Take this form along with a copy of your completed Statement of Complaint to your local Building Code Enforcement Official (Building Inspector). Ask your Building Code Enforcement Official to complete this form and return it to the Department of Labor & Economic Growth as soon as administratively possible. The Building Inspection Report is used to verify whether the items identified in your Statement of Complaint are code or workmanship violations.

**Instructions to Building Code Enforcement Official/Inspector:** To substantiate allegations of building code violations or workmanship against a residential builder or residential maintenance and alteration contractor, the building project must be inspected by a registered building inspector. We are asking for your assistance in conducting an inspection of this homeowner's building project and completing the Building Inspection Report on the reverse side of this page. Without a completed Building Inspection Report, the Department cannot move forward in its attempt to resolve the consumer's complaint.

Please be sure to conduct an inspection of each item identified in the consumer's complaint and identify your findings on the report. Complete each section of the report and return it to this office. If you identify items that are poor or substandard workmanship or code violations, and the builder or maintenance and alteration contractor fails to correct the defects, the Department may pursue disciplinary action by filing a formal complaint against the licensee.

If a formal complaint is filed against the licensee, you may be called to testify in an administrative hearing. ***Your Building Inspection Report should only contain statements to which you are prepared to testify under oath at an administrative hearing. If you cannot testify to a violation, you should not include it on the form as a violation.*** As the Building Code Enforcement Inspector, your testimony is needed to prove violations of the Occupational Code, 299 PA 1980, as amended, as they pertain to code and workmanship violations.

When completing the Building Inspection Report form, it is important that you identify the following items:

1. The code in effect at the time of construction (i.e. State, UBC, BOCA or CABO) and the year of that code (i.e. BOCA 1995).
2. The specific section of the code which was violated (i.e. BOCA 1995, Section 115.3).
3. The local ordinance number which adopted the above-cited code and the date adopted (i.e. BOCA 1995, as adopted by ordinance 143, 12/1/90).
4. The date the code cited became effective.
5. The date of the inspection, inspector's name, the city, township or village, the office address and telephone number and the building inspector's signature.

You can contact the Bureau of Commercial Services, Enforcement Division, (517) 241-9202, if you have questions about completing this form. Thank you for your time and assistance in this matter.

Enforcement Division  
Bureau of Commercial Services

# BUILDING INSPECTION REPORT

**THIS FORM TO BE COMPLETED BY BUILDING INSPECTOR ONLY.**

*Please review the instructions on the reverse side of this form prior to completing this report.*

Construction site - street address		Contractor Responsible for work performed	
City, State & Zip Code		Business address of contractor	
Owner of Property		City, State & Zip Code	
Occupancy Date, New Construction	Completion date, home improvement	License Number	
Is building permit required?	Permit Number (if required)	Permit issued to	Date Issued

**INSPECTOR:** Identify each item the consumer has listed on the Statement of Complaint (i.e. 1, 2, 3), inspect the building project and document if the items are workmanship or code violations. If they are not workmanship or code violations, check the box marked "No Violation." **You may be asked to testify to your statements at an administrative hearing if the Department pursues a formal complaint against the builder or maintenance and alteration contractor.** Attach additional sheets if necessary.

Enter items identified in the Statement of Complaint. Indicate the nature of the complaint, location and whether it is a workmanship or code violation, or no violation.	Workmanship (✓)	Section Number of Code Violation	Code Used: State, UBC, BOCA or CABO & year	No Violation (✓)

Ordinance	Section	Date Adopted	Date Effective
Name of Inspector (Printed)		Telephone Number	Date of Inspection
Inspector for city, village, township of		County of	
Street Address		<i>For Office Use Only</i>	
City, State & Zip Code			
Signature of Inspector	Signature Date		