

**COMPLAINT/INTAKE FORM**

**FAX THIS FORM TO 907-269-4932 ATTN: Contractor Licensing Enforcement  
or E-MAIL TO: Anchorage.LSS-MI@alaska.gov**

SOURCE OF INFORMATION:

Name:  
Address:  
City: State: Zip:  
Phone: Fax:  
E-Mail:

Source willing to be identified and appear as a witness as necessary.  
(Even if source is not willing to be identified, their information may be helpful should questions arise during any inquiry/investigation).

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COMPLAINT ALLEGES:

Name of alleged offender:  
(Please include business name and owner name if known)

Address/city/state/zip:

Phone & Fax numbers:

Date of Offense:

Location of Offense/Project:

Is documentary evidence available (Y/N)

Details of Complaint:

COMPLIANCE ITEMS: **(FOR OFFICE USE ONLY)**

Contractor License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Current (Y/N): \_\_\_\_\_ Bonding Current (Y/N): \_\_\_\_\_

Referred to/DATE: \_\_\_\_\_

Comments:

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