## **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: _ Phone:		Fax:	State:	Zip:			
E-Mail:					<del></del>		
(Even if source	S NOT willing to let is not willing to any inquiry/investing	o be identifie	ed, their in	formation		ul should quest	tions
COMPLAINT	ALLEGES:						
Name of alleg	ged offender: de business name						_
(Please includ	de business name	e and owner	name if k	nown)			
Address/city	/state/zip:						_
Phone & Fax	numbers:						_
Date of Offen	se:						
Location of O	ffense / Project:						_
Is documenta	ary evidence avail	able (Y/N) _	_				
Details of Co	mplaint:						
COMPLIANCI	E ITEMS:	(FOR OFFI	CE USE O	NLY)			
Contractor Li	cense Number:		Ex <sub>1</sub>	oiration: _			
Insurance Cu	arrent (Y/N):		Bor	nding Curr	ent (Y/N):		
Referred to/I	DATE:						
Comments:							