

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 IS / IS NOT 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).

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:

