


CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

www.cslb.ca.gov | CheckTheLicenseFirst.com
Mail Complaint Form and Documents to:

Northern California:

Sacramento Intake & Mediation Center

P.O. Box 269116, Sacramento, California 95826-9116

(916) 843-6515

Southern California:

Norwalk Intake & Mediation Center

12501 East Imperial Highway, Suite 620, Norwalk, California 90650

(562) 345-7530

Advertising Complaint for Unlicensed Contractors

This form is to report an unlicensed contractor who is advertising illegally.

Advertisements must be current and show the publication date to meet statutory requirements. Submit one advertisement per complaint form.

COMPLAINANT

YOUR NAME last first middle

ADDRESS number street city county state ZIP code

AGENCY OR COMPANY (if applicable)

PHONE NUMBER

EMAIL ADDRESS

 PLEASE CHECK TO REMAIN CONFIDENTIAL

UNLICENSED CONTRACTOR INFORMATION

UNLICENSED CONTRACTOR NAME

UNLICENSED CONTRACTOR BUSINESS NAME

CONTRACTOR ADDRESS number street city state ZIP code

OTHER (contractor/vehicle information or description)

ADVERTISEMENT INFORMATION (attach advertisement)

DATE OF ADVERTISEMENT

SOURCE OF ADVERTISEMENT

 WEBSITE
 PAMPHLET/MAGAZINE
 FLYER/PRINT AD
 TELEPHONE DIRECTORY
 BUSINESS CARD
 OTHER

How to Submit an Advertising Complaint

1. Gather all documentation related to the contractor's advertisement.
2. Make Copies of support documentation requested on the form.
3. Mail complaint form and original documents (advertisements) to the appropriate address listed at the top of the page, based on which county in California the contractor appears to be located. For Imperial, Los Angeles, Orange, Riverside, San Diego, or Ventura counties, send complaint forms to the Norwalk Intake & Mediation Center. For California counties not mentioned above, send complaint forms to the Sacramento Intake & Mediation Center.

SOME COMPLAINTS MAY NOT CONTAIN SUFFICIENT EVIDENCE FOR CSLB TO TAKE DISCIPLINARY ACTION; HOWEVER, ALL COMPLAINTS WILL BE USED AS POTENTIAL UNDERCOVER STING OPERATION TARGETS.

FOR OFFICE USE ONLY

TYPE CNST	I N V	O R G	PRIORITY	DATE RECEIVED MM DD YYYY	SPECIAL PROJECT	DT STAT EXP MM DD YYYY	CSR INIT	ASSIGNED TO CSR MM DD YYYY	SI INIT	ASSIGNED TO SI MM DD YYYY
CLOSURE CODE	LETTER CODE	CLOSING LETTER SENT TO	DATE CLOSED MM DD YYYY	STP AMOUNT	STATUS CHANGE					
				\$	c	c	c	c	c	c
LICENSE NUMBER:				STP TYPE	DATE	DATE	DATE	DATE	DATE	