

**City of Mt. Washington**  
**Department of Building Codes**  
311 Snapp Street PO Box 285  
Mt. Washington, Kentucky 40047  
Phone: 502-538-0515  
www.mtwashingtonky.org

Consumer Complaint  
No: \_\_\_\_\_

Date Received: \_\_\_\_\_

### FORMAL CONSUMER COMPLAINT

**Site of Complaint** \_\_\_\_\_  
*Street or Road* *City* *County*

**Owner(s) Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or PO Box* *City* *County* *Zip*

**Company Name** \_\_\_\_\_

**Company Owner(s) Name** \_\_\_\_\_ **Master License #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or PO Box* *City* *County* *Zip*

**Company Phone#** \_\_\_\_\_ **Date of Installation** \_\_\_\_\_

*The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder; refuse to issue or renew a license or certificate; or reprimand, censure, or fine a licensee or certificate holder for violation of KRS 198B.650 to KRS 198.689.*

**Check all that apply below.**

HVAC person **not** licensed.

Incompetence, deliberate disregard, or violation of the building or other applicable codes.

Faulty installation, maintenance, alteration, or repair of:

Heating system  Cooling System  Ventilation System

Other \_\_\_\_\_

**There is currently ongoing court litigation in this matter in** \_\_\_\_\_ **County.**

*I understand and agree that I may be subpoenaed to testify if a hearing is held before the HVAC Board as a result of this formal consumer complaint.*

**Owner(s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

