

**Contractors License Board**  
**Government of Guahan**  
**542 N. Marine Corps Dr., Bldg. A**  
**Tamuning, Guam 96913**  
**Tel: 646-7262; 649-2211/9676**  
**Fax: 649-2210**

<b>FOR OFFICE USE ONLY</b>	
<b>Date Received by CLB:</b>	
<b>Case Number Assigned:</b>	
<b>Investigator:</b>	
<b>Date Assigned:</b>	

### CONSUMER COMPLAINT FORM

<b>INFORMATION ABOUT THE PERSON(S) MAKING THE COMPLAINT</b>		
<b>Name:</b>	<b>Contact Numbers:</b>	<b>Email Address:</b>
<b>Mailing Address:</b>		
<b>Residential Address (House number, street name and village)</b>		

<b>INFORMATION ABOUT CONTRACTOR</b>		
<b>Company Name:</b>	<b>Contact Numbers:</b>	<b>Email Address:</b>
<b>Mailing Address:</b>		
<b>Office Location:</b>		

<b>INFORMATION ABOUT THE CONTRACT</b>		
<b>Type of contract:</b>	<b>Amount of contract:</b>	<b>Date of contract:</b>
<b>Amount paid to contractor:</b>	<b>Date work started:</b>	<b>Date work ceased:</b>

<b>Describe contract or agreement (Renovation, Construction of New home, demolition, etc.)</b>

<b>Nature of complaint (If needed, please attach additional sheets)</b>

\_\_\_\_\_  
**Signature of Complainant:**

\_\_\_\_\_  
**Date:**