

Consumer Complaint Form for Plumbing Work

Purpose: To provide consumers with an opportunity to have plumbing work that is not done to the current State of Minnesota Plumbing Code corrected. Plumbing refers to the installation, removal, or repair of potable water supply and distribution pipes, plumbing fixtures, traps, and any drain lines that convey sewage, rain water, or other liquid wastes within the property lines of the premises, to a legal point of disposal.

Warning: We are requesting your name, address, and telephone number so that we may contact you for further information, to request your testimony if needed, and to let you know how your complaint was handled. *You are not required to provide this information.* However, without it we will not be able to contact you regarding additional information that may be needed to respond to your complaint. All information you provide which might identify yourself is legally classified as confidential data on individuals. Unless otherwise authorized by you, the information you provide will only be released to:

- Department of Labor and Industry employees who need it to process your complaint;
- Department representatives in the Attorney General's Office;
- Staff of the Office of Administrative Hearings or the courts; and
- Anyone having a court order to obtain the information.

Unless you are a witness or an order is issued by the Office of Administrative Hearings or the courts, all personal information you provide will remain confidential at the conclusion of this matter.

Complaint Information:

YOUR NAME		PHONE NO. (include area code)	
ADDRESS WHERE PLUMBING WORK WAS DONE	CITY	STATE	ZIP CODE
PLUMBING CONTRACTOR NAME	NAME OF PLUMBER WHO ACTUALLY DID THE WORK		
PLUMBING CONTRACTOR ADDRESS	CITY	STATE	ZIP CODE
DATE PROJECT STARTED	DATE PROJECT COMPLETED		
BRIEF DESCRIPTION OF THE PROJECT			

* On a separate piece of paper, give a complete description of plumbing work that does not meet code or problems you have had because of the work.

WHAT ACTIONS HAVE BEEN TAKEN BY YOU OR THE PLUMBER TO RESOLVE THE SITUATION?

YOUR SIGNATURE	DATE
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Follow-up: The Minnesota Department of Labor and Industry will review the complaint, and contact both the plumber and filer of the complaint for further information and possible conflict resolution. You will be notified either in writing or by phone call of any actions taken by the department.

Note: If your county, city, town, or township has, by ordinance, adopted the Minnesota Building Code, this adopting level of government is the responsible agency for code related complaints in that jurisdiction.

This form is available at www.dli.mn.gov. Information in this report can be obtained in alternative formats by calling the Department of Labor and Industry at 1-800-342-5354.

Important: Please return both this form and the attached Authorization for Release of Information to:

Minnesota Department of Labor and Industry
CCLD - Enforcement Services
443 Lafayette Road N.
St. Paul, MN 55155



**AUTHORIZATION FOR RELEASE OF INFORMATION
REGARDING COMPLAINT**

As noted on the attached Consumer Complaint Form, your name and other identifying information contained in your complaint are not public. This information will not be voluntarily shared with the subject of the complaint by the Department of Labor and Industry during its investigation unless you specifically authorize the department to do so. While you are not required to provide this authorization, failure to do so may impact the ability of the department to fully investigate your complaint. Do you authorize the department to share your name and the facts contained in your complaint with the subject of your complaint?

Please check one of the following boxes:

- YES.** I hereby authorize the Department of Labor and Industry to release my name as the complainant to the subject of the complaint for purposes of furthering the underlying investigation. I also authorize the Department of Labor and Industry to release to the subject of the complaint a copy of my complaint and the facts contained therein as the department deems necessary to assist in furthering the course of the investigation.
- NO.** I do not authorize the Department of Labor and Industry to release my name as the complainant or a copy of the complaint to the subject of the complaint. I understand that the department may or may not conduct an investigation of the matter, but will not identify me as the source of the complaint or release a copy of my complaint to the subject of the complaint. I further understand that this may limit the extent of the department's investigation and may impact the outcome of the investigation.

Signature of Complainant

Date