

NCOWCICB

North Carolina Onsite Wastewater Contractor Inspector Certification Board
P O Box 132 Lawsonville, NC 27022
Phone: 336-202-3126 Fax: 866-651-8102 Email: csstephens@ncowcicb.info

Guidelines for Filing a Complaint

When filing a complaint to NCOWCICB the minimum of the following should be included with the complaint, please state factual data only disregarding opinions.

- Name, complete mailing address, phone number with area code for person filing complaint
- Date incident occurred
- Name, complete mailing address, phone number with area code for person(s) and/or company(s) involved in incident
- Location of property where incident occurred
- Complete but concise details of incident
- Contact information for any third parties present and witness to incident
- Permit information if available from Local Environmental Health Department
- Complaints must be done in writing and signature of person filing complaint needs to be notarized
- Minimum of five (5) copies of complaint must be provided to NCOWCICB
- Mail all complaints with supporting documents to NCOWCICB P O Box 132 Lawsonville, NC 27022 do not fax or email complaints

NCOWCICB
NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATIN BOARD
P O BOX 132 LAWSONVILLE NC 27022

COMPLAINT FORM

Please read the following notification.

This form must be filled out completely and submitted in original form to the above address. Print clearly or type all information. "N/A" should be placed in any blanks that do not apply. Please attach any supporting documents pertaining to the complaint i.e. permits, pictures, etc. This form must be notarized. Incomplete forms will be returned. Investigations, penalties, fines, and/or corrective actions are at the sole discretion of NCOWCICB and are undertaken on the time frame set forth by NCOWCICB. DO NOT call NCOWCICB in reference to this complaint. NCOWCICB will contact you in the event further information is needed or in the event of arbitration.

Name of individual suspected of violation: _____

Company Name suspected of violation: _____

Address of suspected violator: Street _____

City: _____ ST _____ Zip _____

Address of property where suspected violation took place: Street: _____

County: _____ City: _____ ST _____ Zip _____

Date of suspected violation: _____

Nature of suspected violation: Installation without certification Repair without certification
 Inspection without certification
 Other (describe in detail attach additional sheet if needed) _____

Name of person filing complaint: _____

Address of person filing complaint: Street _____

City: _____ St _____ Zip _____

Phone number of person filing complaint including area code: _____

Signature of person filing complaint: _____

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

_____.

Date: _____

Official Signature of Notary

(Official Seal)

_____, Notary Public
Printed Name of Notary

My Commission Expires: _____