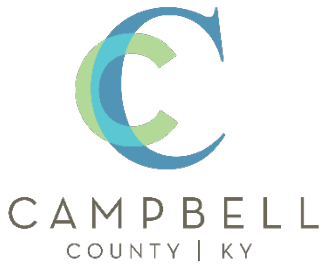# HVAC Formal Consumer Complaint

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868
Email:pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:
    ☐ Unincorporated Campbell County
    ☐ Alexandria   ☐ Cold Spring   ☐ Highland Heights   ☐ Southgate
    ☐ Bellevue   ☐ Crestview   ☐ Melbourne   ☐ Wilder
    ☐ California   ☐ Dayton   ☐ Mentor   ☐ Woodlawn
                   ☐ Ft. Thomas   ☐ Silver Grove

2. Project Address: _____

    City: _____ State: _____ Zip: _____

4. Contractor: _____ Contact: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Phone: _____ Email: _____

    Master HVAC License #: _____

    Property Owner: _____

    Address: _____

    City: _____ State: _____ Zip: _____

    Phone: _____ Email: _____

    The Board may revoke, suspend, place on probation or restrict the license or certification 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 KRS198.689

5. Check all that apply:
    ☐ HVAC person not licensed
    ☐ Incompetence of, or deliberate disregard and violation of building codes.
    ☐ Faulty installation, alteration or repair of heating, cooling or ventilation system.
    ☐ Other: _____
    ☐ There is currently on-going court litigation regarding this matter.

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

    Homeowner Signature: _____Date: _____

HVAC VIOLATION OR DEFICIENCY
(ADDITIONAL PAGES MAY BE USED IF NEEDED)

Explain in detail, beginning on the date on which issues were first discovered:

_____

_____

_____

_____

_____

_____

_____

_____

Your view as to how this matter should be resolved:

_____

_____

_____

_____

_____

_____

_____

_____

_____