



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Examiners of Heating, Ventilating,
Air Conditioning and Refrigeration (HVACR) Contractors
124 Halsey Street, 6th Floor, P.O. Box 47031
Newark, New Jersey 07101
(973) 504-6250

Complaint Process

As a unit of the Division of Consumer Affairs, the New Jersey State Board of Architects reviews each complaint filed with the Board. After reading the complaint, a decision is made as to the manner in which an investigation will be conducted. As part of the process of gathering pertinent information and documentation, the licensee has an opportunity to respond to allegations made in the complaint about the licensee. Once the investigation is completed, all materials will be reviewed by the Board to determine how to resolve the matter.

Please be advised that information provided on the complaint form may be subject to public disclosure in accordance with applicable law.

The length of time necessary to complete an investigation and make a final disposition of the complaint will be dependent upon a number of different factors. Therefore, the length of time that a complaint will take to be resolved cannot be determined in advance.

If the Board decides that an administrative complaint or a public order should be issued, the complainant will be notified. If the matter is closed based upon insufficient cause to warrant formal disciplinary action or with a letter of concern, the complainant will also be notified.

Until a final determination has been made, the Board is not permitted to disclose information regarding the matter.



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Complaint Form

Please type or print clearly.

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

You are further advised that pursuant to Section 4B of Executive Order No. 26, information concerning any individual's medical, psychiatric or psychological history, diagnosis, treatment or evaluation is not a government record subject to public access.

Consumer Information

Complaint Reported Against

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____

(include area code)

WORK TELEPHONE NUMBER: _____

(include area code)

FAX NUMBER: _____

E-MAIL ADDRESS: _____

DATE: _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

(include area code)

TITLE: _____

LICENSE NUMBER (IF KNOWN): _____

DATES OF TREATMENT/SERVICE:

FROM: _____ TO: _____

1. What is the relationship between the complainant and the consumer or patient?

- Self
- Parent
- Friend
- Legal Guardian
- Spouse
- Son/Daughter
- Brother/Sister
- Other (please specify) _____

2. Please provide the following information about the consumer or patient if he or she is someone other than the complainant.

Name: _____ Date of birth: _____

Month Day Year

Address: _____

Street address City State ZIP code

Home telephone number: _____ Work telephone number: _____

(include area code) (include area code)

3. Please provide the following information about any other practitioner or licensee involved in the matter about which you are filing a complaint.

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

4. Please provide the following about anyone who was a witness to the matter about which you are filing a complaint.

Name: _____

Address: _____
Street address City State ZIP code

Daytime telephone number: _____ Evening telephone number: _____
(include area code) (include area code)

Name: _____

Address: _____
Street address City State ZIP code

Daytime telephone number: _____ Evening telephone number: _____
(include area code) (include area code)

5. What is the nature of the complaint? *(Please check all that apply and provide any additional comments on a separate sheet of paper.)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative/Recordkeeping | <input type="checkbox"/> Advertising | <input type="checkbox"/> Fees/Billing Practices |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Incompetence | <input type="checkbox"/> Insurance Fraud |
| <input type="checkbox"/> Professional/Occupational Misconduct | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Substance Abuse/Impairment |
| <input type="checkbox"/> Unlicensed Practice | <input type="checkbox"/> Briefly explain the problem if it is not listed above: _____ | |

6. Please describe the facts of your complaint in the order in which they happened. Type or print clearly. You may use additional sheets of paper if they are needed.

7. Please describe any action taken to resolve this matter prior to contacting the Board. Remember to type your response or print clearly. You may use additional sheets of paper if they are needed.

All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.

8. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature*

Date

Return to:
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* This certification must be signed by the person who has completed this form.