



SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET
PO BOX 5012
MONTICELLO, NY 12701-5192

COMPLAINT FORM

Name of Person Making Complaint: _____

Address: _____

Telephone No.: _____

Name of Electrician/Contractor against whom complaint is made: _____

Location of Work Site: _____

Details of complaint: _____

Please Fax completed form to (845) 807-0447

For Office Use Only

No. _____

Initial Investigation: _____

Admin. Invest. _____

Field Invest. _____

Results: _____
