

NCOWCICB

North Carolina Onsite Wastewater Contractor Inspector Certification Board
P O Box 132 Lawsonville, NC 27022
Phone: 336-202-3126 Fax: 800 915 0371 Email: csstephens@ncowcicb.info

The North Carolina On-site Wastewater Contractor Inspector Certification Board investigates complaints against Contractors (i.e. Installers) and Inspectors alleged to have violated North Carolina General Statute 90A and/or the North Carolina Administrative Code 21 NCAC Chapter 39. If the Board determines that a violation of the statutes and/or rules has occurred, the Board may impose disciplinary action. The Board does not intervene in monetary disputes nor does the Board have the authority to order monetary damages. If you have these types of problems, you should consult an attorney.

Instructions for Filing a Complaint without using Online Form

When filing a complaint to NCOWCICB the following information must be submitted.
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
- Signature must be notarized
- Mail one copy of complaint and supporting documents to NCOWCICB P O Box 132 Lawsonville, NC 27022
- Email a copy of complaint and all supporting documents to csstephens@ncowcicb.info (please note the complaint will not be processed until both hard copy and electronic copy are received)

NCOWCICB
NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATIN BOARD
P O BOX 132 LAWSONVILLE NC 27022
Email: csstephens@ncowcicb.info
COMPLAINT FORM

Please read the following notification.

This form must be filled out completely and submitted in original form to the above address and electronically to email listed above. 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. Investigation and/or disciplinary action are at the sole discretion of NCOWCICB and are undertaken on the time frame set forth by NCOWCICB. A copy of your complaint and evidence in support of your complaint may be provided to the alleged violator for his or her review and response.

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 Installation/Repair without Permit
 Other (describe in detail attach additional sheet if needed) _____

Complainant Full Name: _____

Complainant Mailing Address: Street _____

City: _____ St _____ Zip _____

Complainant Phone Number: _____

Complainant Email: _____

Would you prefer to correspond with the Board via mail or email? _____

Are you represented by an attorney in this matter? _____ yes _____ no

Is there a pending or completed lawsuit regarding your complaint? _____ yes _____ no

Evidence to support your complaint that is included, check all that apply: _____ Contract _____ Inspection Report
_____ Paid Invoice _____ Permit _____ Pictures _____ Correspondence between parties
_____ Other Describe: _____

Witnesses Who Can Provide Testimony Supporting Your Complaint:

Witness 1

Witness Full Name: _____

Witness Mailing Address: _____

Witness Phone Number: _____

Witness Email: _____

Witness 2

Witness Full Name: _____

Witness Mailing Address: _____

Witness Phone Number: _____

Witness Email: _____

For additional witnesses attach a separate sheet with details as listed above

Complainant Signature: _____

_____ 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: _____