

NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD



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COMPLAINT FORM

Your Name					
	First	Middle	Last	Last	
Address					
Telephone ()	Street & Number	City	State	Zip Code	
Complaint Ag	gainst:				
Name of Lice	nsee				
Compan <u>y</u>					
	eet & Number City	State	Zip Code		
Telephone					
Date of Allego	ed Violation				
Location of A	lleged Violation				
Are there any	witnesses? (YES)	(NO)			
List their nam	ne(s), address(es) and telephone	e number(s):			
Explain the na	ature of your complaint in deta	il (you may attach additional	sheets)		
ALONG W	THIS FORM WILL BE SENITH ANY ATTACHMENT NCE WITH THE NORTH C	S YOU SUBMIT WITH	THIS COMPLA	INT. THIS IS IN	
	Signature of Complainant			Date	