

Division of Safety and Health Harriman State Office Campus Building 12, Room 167 Albany, NY 12240 (518) 457-1255 www.labor.ny.gov

For DOL Use Only: MC	

Mold Contractor Complaint Form

Purpose: The information you report on this form will be used to investigate violations of Article 32 of the New York State Labor Law.

Please Note:

- A. If the mold-affected area is less than 10 square feet, be advised that the Mold Law does not apply.
- B. Please send the completed form and any attachment(s) to the address of your local district office, which may be found at the end of this form, or electronically in a PDF format to moldcomplaints@labor.ny.gov.

Instructions: Please type or write legibly. Please provide as much information as possible using this form and include all relevant documents. A representative from the Department may contact you if additional information is needed.

1. Complainant Information Name: ____ Address: _____ State: _____ Zip Code: _____ City: _) - Email: Phone: (2. Information on Mold-Affected Property What is the relationship between the complainant and the mold-affected property? ☐ Landlord ☐ Tenant ☐ Other: _____ ☐ Owner Occupant Is the affected property's address the same as the home address above? \Box Yes \Box No If it is not the same, provide the mold-affected property address below: Affected Property's Address: _____ Zip Code: _____ City: ☐ Commercial Property Type: ☐ Single Family ☐ Apartment ☐ Industrial ☐ Multi Family: Number of Units: ____ ☐ Other: ____ 3. Business or Individual Complaint is Against Which group(s) of mold professionals do you have a complaint against? ☐ Mold Assessor ☐ Mold Remediation Contractor ☐ Mold Abatement Worker Please provide the following information for the Mold Professional you have a complaint against: Mold Professional's Name: First Last Mold Professional's License No. (if known): Mold Professional's Contractor License No. (if known): Type of Business (if known): ☐ Sole Proprietor ☐ Company Business Name: ______ Business Website: _____ Business Address:

State: Zip Code:

How did you	hear about the Mold Professional? \square TV \square Print \square Website \square Radio \square Other:
Have you cor	mplained to the business?
If the answer	is yes, how did you communicate your complaint?
☐ E-mail	☐ Phone ☐ In Person ☐ Letter ☐ Other:
Did you sign	a contract/proposal with the Mold Professional to perform the work?
☐ Yes – PI	lease provide a copy of the contract/proposal.
Was any plar	n or work plan provided to you by the mold professional?
☐ Yes – PI	lease attach a copy of the plan/work plan.
your complai	nature of your complaint(s)? Please check the appropriate box(s). If you did not see the category of nt(s), please check 'Other' and provide a <u>brief</u> description. You may provide a more detailed the next section.
☐ Unlicense	d or expired license for company and/or worker.
☐ Contracto	r performed mold assessment and mold remediation on the same property.
☐ Inadequat	te mold assessment.
•	te mold remediation.
☐ Abatemer	nt workers not following the Mold Remediation Work Plan.
	ed post-remediation clearance inspection.
	ease Specify Briefly):
Detailed Con	
have dealt wi	nplaint Write-up ribe your complaint in detail (attach extra sheets if necessary). Include the names of individuals you ith, dates and outcome(s) of your dealings, and enclose copies of all contracts, receipts, nce, and other documents you have related to this complaint.
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Where to send your complaint form and attachments:

Albany District

Counties: Albany, Clinton, Columbia, Dutchess, Essex, Fulton, Green, Montgomery, Orange, Putnam, Rockland, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington

State Office Campus, Room 166, Albany, NY 12240

Phone: (518) 457-2072 Fax: (518) 485-8054

Buffalo District

Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Wayne, Wyoming, Yates

65 Court Street, Room 405, Buffalo, NY 14202

Phone: (716) 847-7126 Fax: (716) 847-7138

New York City District

Counties: Bronx, Kings, Nassau, New York, Queens. Richmond, Suffolk, Westchester

One Hudson Square, 75 Varick Street (7th Floor), New York, NY 10013

Phone: (212) 775-3532 Fax: (212) 775-3535

Syracuse District

Counties: Broome, Cayuga, Chemung, Chenengo, Cortland, Delaware, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, St. Lawrence, Schuyler, Seneca, Steuben, Tioga, Tompkins

450 S. Salina Street, Syracuse, NY 13202

Phone: (315) 479-3303 Fax: (315) 479-3333