



# NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD



4901 Glenwood Avenue • Suite 200  
Raleigh, North Carolina 27612  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdoj.gov](mailto:PPSASL@ncdoj.gov)  
Web Page: [www.ncdoj.gov/ASL.aspx](http://www.ncdoj.gov/ASL.aspx)

## COMPLAINT FORM

Your Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street & Number City State Zip Code

Telephone \_\_\_\_\_  
( )

Complaint Against:

Name of Licensee \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip Code

Telephone \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_

Location of Alleged Violation \_\_\_\_\_

Are there any witnesses? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

List their name(s), address(es) and telephone number(s):  
\_\_\_\_\_  
\_\_\_\_\_

Explain the nature of your complaint in detail (you may attach additional sheets)

**NOTICE: THIS FORM WILL BE SENT TO THE INDIVIDUAL YOU ARE COMPLAINING ABOUT ALONG WITH ANY ATTACHMENTS YOU SUBMIT WITH THIS COMPLAINT. THIS IS IN ACCORDANCE WITH THE NORTH CAROLINA PUBLIC RECORDS ACT G. S. 132.**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date