

Breach of Contract Complaint Form

For Subcontractor/Material/Equipment Suppliers

Before filling out a complaint, you may want to read "Resolving Disputes With Your Contractor." https://www.oregon.gov/CCB/Documents/pdf/resolvingdisputeswithyourcontractor.pdf

You may also want to view the license of the contractor you are filing against and verify that they hold an endorsement. You can do this at www.oregon.gov/CCB

If your complaint involves a *residential* **contractor:** You must first send the contractor written notice (precomplaint) by certified mail that you plan to file a complaint. We cannot accept your complaint until 30 days after you have mailed this notice. The law requires only that the notice be mailed, not that the contractor receive it. You can use the CCB notice at: https://www.ccb.state.or.us/PreClaim/preclaim_notice.htm

The pre-complaint notice you send to the contractor must have all of the following information in it:

- 1. Date
- 2. Contractor's Name
- 3. Contractor's Address This must be the address shown in the CCB licensing record. You can get this from our website at www.oregon.gov/CCB or by calling us at 503-378-4621.
- 4. Your letter must state that you intend or plan to file a complaint with the CCB.
- 5. Your name must be on the letter.

If your complaint involves a *commercial* **contractor:** You must file a court action or begin arbitration before filing a complaint with us. You must deliver a copy of the court/arbitration filing and a completed CCB complaint form to the CCB and to the contractor's bonding company by certified mail, return receipt requested within 90 calendar days after you file the court complaint or begin arbitration and at least 30 days before a judgment/arbitration award is issued. You will need certain required documents for your complaint.

Attaching required documents to your complaint

You will need to attach certain documents, such as invoices, to your complaint.

We can process your complaint more quickly if you:

- Use only 8 $\frac{1}{2}$ by 11 size paper. Small items should be taped to blank paper. <u>No</u> staples.
- Send legible copies, not originals and if handwritten, use a black ink pen (not pencil).
- Use white or light paper other colors do not copy well and do *not* highlight portions of documents.
- Do not submit documents in binders, notebooks, flash drives, or compact discs.
- Do not submit photographs.
- Your complaint must be **received** by the CCB no later than one year after the date the work was performed (subcontractors) or one year from the date the materials were sold (material/equipment suppliers).

Submit your complaint by e-mail at disputes@ccb.oregon.gov or by regular mail to CCB, Attn: Dispute Resolution, PO Box 14140, Salem, OR 97309-5052. If sending by regular mail, please send the complaint at least two weeks before the deadline to ensure timely receipt. If you need any assistance, either e-mail us at disputes@ccb.oregon.gov or call us at 503-934-2247.

Construction Contractors Board PO Box 14140 Salem OR 97309-5052

BREACH OF CONTRACT COMPLAINT Subcontractor/Material/Equipment Supplier

OFFICE DATE STAMP

THIS SECTION FOR OFFICE USE ONLY

File Number License Dates

| 90-day Period | License Type |
|-----------------------------|-------------------------------------|
| | Complaint Type |
| Complainant license status: | Lic Required? Yes 🛛 No 🗖 |
| Categories A | Active during work period? Yes 🛛 No |

*Use this form only if you worked as a subcontractor for the contractor. *Use this form if you only supplied materials for installation into a structure of if you rented equipment for use on a structure.

| Subcontractor Material Supplier | | | | | |
|---|---------------------|---|-----------------------|-----------------|--|
| 1. Person or company making complaint | | 2. Complaint against | | | |
| Name or Business Name | Name | | | | |
| | | | | | |
| Name of Representative CCB # | Busin | ess Name (If Applicable) | | CCB # | |
| | | | | | |
| Mailing Address | | Mailing Address | | | |
| City State Zip Code County | City | | State | e Zip Code | |
| City State Zip code county | City State Zip Code | | | | |
| Phone: () | Phone: () | | | | |
| Email Address: | Email Address: | | | | |
| 3. Pre-complaint notice Date sent | (Inclue | le copy of notice and pro | of of certified r | nailing) | |
| 4. Other filings Check this box if other CCB complaint(s) have been filed affecting this property (Complaint No.(s) | | heck this box if this issue l pitration. Attach details. | has been submit | ted to court or | |
| 5. Contract Contract D | | | Total Contract Amount | | |
| □ Oral (Submit checks & invoices to verify contractual relationship) | | | | | |
| Written (Complete copy of contract must be attached with the invoi | ices) | | | | |
| Total of all invoices listed on the attached pages. | | | \$ | | |
| Total amount for tools, interest, and service charges included in your invoice. (Tools are items sold to the contractor that are not installed into the structure, such as saws, blades, buckets, | | | \$ etc.) | | |
| Total payments received or other credits applied against the invoices. | | | \$ | | |
| I certify that all information on this complaint form and attachments is signing this form I hereby consent that my contact information as detai | | | | | |

scheduling. YOU MUST SIGN THIS FORM OR IT MAY DELAY PROCESSING OF YOUR COMPLAINT.

Signature _____

Date: _____

BREACH OF CONTRACT COMPLAINT

Details Use a separate line for each job site where work was performed. Be sure the job site addresses listed include the street address, city, state, and zip code. FOR OFFICE USE ONLY File Number:

You may copy as many of these pages as you need. Invoice **Complete Job Site Address** Date Started **Date Stopped** Invoice No. **Invoice Date Structure Type** Amount Street address, city and state **X**Residential Example 700 Summer Street 1/15/2024 INV1002 1/16/2024 \$150.00 □Small Commercial 1/1/2024 Salem OR 97305 Large Commercial □Residential □Small Commercial Large Commercial □Residential □Small Commercial Large Commercial □Residential □Small Commercial □Large Commercial □Residential □Small Commercial Large Commercial □Residential □Small Commercial Large Commercial □Residential □Small Commercial □Large Commercial □Residential □Small Commercial Large Commercial

Do not send processing fee with this form.