



Department of Labor

Division of Safety and Health
Harriman State Office Campus
Building 12, Room 167
Albany, NY 12226
(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: _____
First Last

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Email: _____

2. Information on Mold-Affected Property

What is the relationship between the complainant and the mold-affected property?
 Owner Occupant Landlord Tenant Other: _____

Is the affected property's address the same as the home address above? Yes No

If it is not the same, provide the mold-affected property address below:
 Affected Property's Address: _____
 City: _____ State: _____ Zip Code: _____

Property Type: Single Family Apartment Commercial
 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: _____

City: _____ State: _____ Zip Code: _____

How did you hear about the Mold Professional? TV Print Website Radio Other: _____

Have you complained to the business? Yes No

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 – **Please provide a copy of the contract/proposal.** No

Was any plan or work plan provided to you by the mold professional?
 Yes – **Please attach a copy of the plan/work plan.** No

What is the nature of your complaint(s)? Please check the appropriate box(s). If you did not see the category of your complaint(s), please check 'Other' and provide a brief description. You may provide a more detailed description in the next section.

- Unlicensed or expired license for company and/or worker.
- Contractor performed mold assessment and mold remediation on the same property.
- Inadequate mold assessment.
- Inadequate mold remediation.
- Abatement workers not following the Mold Remediation Work Plan.
- No or failed post-remediation clearance inspection.
- Other (Please Specify Briefly): _____

4. Detailed Complaint Write-up

Please describe your complaint in detail (attach extra sheets if necessary). Include the names of individuals you have dealt with, dates and outcome(s) of your dealings, and enclose copies of all contracts, receipts, correspondence, and other documents you have related to this complaint.

Date(s)	Description

Do not mark in this box. For DOL internal use only.			
VC: ___Y ___N	Assigned to: _____	Region: _____	Date Processed: _____

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 12226
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