

# Filing a Complaint

The Bureau of Construction Codes (BCC) is responsible for the investigation of consumer complaints only in those areas within its regulatory authority. BCC has authority to review and investigate licensing complaints against electricians, mechanical contractors, and plumbers. **The bureau does not have statutory authority to investigate or regulate contractual issues.** If a local code enforcing agency has jurisdiction over the allegations described in your complaint, the complaint will be forwarded to the local jurisdiction.

There are three levels of jurisdiction (state, county, local) for each of the code disciplines (electrical, mechanical, and plumbing). The bureau's [Statewide Jurisdiction List](#) shows the enforcing agency for all units of government in Michigan.

**LOCAL** (city, township, or village); the unit of government has their own code enforcement program.  
**COUNTY**; the unit of government receives code enforcement services from a county enforcing agency.  
**STATE**; the Bureau of Construction Codes is responsible for code enforcement in that unit of government.

**If code activities for your unit of government are enforced at the local or county level, you should first contact the local enforcing agency to see if the matter can be resolved *before* submitting a complaint to the state. When filing a complaint that alleges code violations, you must contact the local code enforcement official and request a signed inspection report verifying construction code violations.**

A complaint must be received by the bureau within 18 months of the date the work was performed or contracted to be performed. To file a complaint, please submit the following information. **KEEP COPIES OF ALL DOCUMENTS SENT TO THE BUREAU.**

- A completed [Statement of Complaint](#) form, letter, or email in which you fully describe the factual basis for the allegation. This form is located on our website [www.michigan.gov/bcc](http://www.michigan.gov/bcc).
- Copies of any correspondence you sent or hand delivered to the respondent.
- Copies of any written response received from the respondent. If you received a verbal response only, indicate who you spoke with, what you were told and the date.
- Copies of any documents which support your complaint which may include, but are not limited to:
  - Contracts/Price quotations/Estimates
  - Notes you may have taken
  - Permit and inspection records from the local unit of government
  - Advertisements
  - Proof of payment for work performed (canceled check, receipt, closing statement)
  - Clear photographs showing the alleged violation and the date the photos were taken
  - Court documents if applicable

**Do not** include any information that you do not want to be released to the respondent, such as your social security number or other personal information. **Do not** send bulky material. We will request additional information if needed.

Please mail your complaint to the following address:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Office of Administrative Services  
P.O. Box 30254  
Lansing, Michigan 48909

Email: [bccoas@michigan.gov](mailto:bccoas@michigan.gov)

You will receive a letter acknowledging receipt of your complaint. Subsequently, your complaint will be reviewed to determine if an investigation should be initiated or if additional information is required. You will receive information notifying you of the disposition of your complaint.

## Statement of Complaint

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes/Office of Administrative Services  
PO Box 30254, Lansing, MI 48909  
517-335-2972  
www.michigan.gov/bcc

COMPLAINT NUMBER - FOR OFFICIAL USE ONLY

Authority: 1972 PA 230, 1956 PA 217, 1984 PA 192, 2002 PA 733  
Completion: Voluntary  
Penalty: Complaint will not be considered

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**NOTE: The Bureau does not assist with reimbursement claims due to contractual disputes nor investigate anonymous complaints.**

### Instructions to the Complainant:

- Please read form in its entirety before completing. Type or print legibly in ink.
- Be sure to sign and date complaint form.
- Mail form and all applicable attachments to the address listed above.

The Bureau's jurisdiction is limited to certain matters involving consumers and licensees. It is suggested you first contact the person or firm about whom you have a complaint to see if a settlement can be reached. If this is unsuccessful, you may want to consult an attorney to determine your civil options, file an action in Small Claims Court, or contact your local prosecutor. This may be done in conjunction with or in lieu of filing a complaint with this Department.

### I. Complainant Information

YOUR NAME: (Last, First, Middle Initial)		E-MAIL ADDRESS:	
YOUR STREET ADDRESS:		CITY:	STATE: ZIP CODE:
COUNTY:	TELEPHONE NUMBER (Include Area Code):	FAX NUMBER (Include Area Code):	
Preferred Method of Contact: <input type="checkbox"/> Regular Mail <input type="checkbox"/> E-Mail (Note: Larger-sized responses may need to be sent via regular mail)			

### II. Complaint Information

NAME OF BUSINESS OR INDIVIDUAL COMPLAINT IS REGARDING:		LICENSE NUMBER (If Known):	
CONTACT PERSON:	TELEPHONE NUMBER (Include Area Code):	COUNTY:	
STREET ADDRESS:	CITY:	STATE: <b>MI</b>	ZIP CODE:
THIS COMPLAINT RELATES TO THE FOLLOWING: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing			
Have you contacted the above named business or individual regarding your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what was the result? (Please provide copies of any documents related to the above contact)			

Have you contacted the local unit of government responsible for code enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the result?		
NAME OF THE CODE OFFICIAL:	NAME OF LOCAL JURISDICTION:	
Did you file a claim with any other agency, or start legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where?	Case Number:	Current Status of Claim:
Explain how you would like to see this complaint resolved:		

**III. Details of Complaint** - Briefly explain your complaint. Attach additional sheets if necessary to clearly document the violations you believe have occurred.

DATE THE WORK/ISSUE OCCURED? (A complaint must be received by the bureau within 18 months of the date the work was performed or was contracted to be performed.)	HAS THE PHYSICAL EVIDENCE BEEN PRESERVED (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Complaint:	

**IV. Attachments Supporting Complaint** - Please indicate which documents have been attached.

<input type="checkbox"/> Contracts/Price Quotes/Estimates <input type="checkbox"/> Notes you have taken <input type="checkbox"/> Permit and inspection records from the local unit of government <input type="checkbox"/> Court documents (if applicable)  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Proof of payment for work performed (cancelled check, receipt, closing statement) <input type="checkbox"/> Advertisements <input type="checkbox"/> Clear photographs showing the alleged violation and the date photos were taken
Note: Additional documentation may be requested to support your complaint.	

**V. Signature**

I hereby authorize the Department of Licensing and Regulatory Affairs to release all relevant information and records for use in the review of this complaint.	
SIGNATURE:	DATE: