



KENTUCKY BOARD OF HOME INSPECTORS

656 Chamberlin Avenue, Suite B

Frankfort, Kentucky 40601

(502) 564-7760

<http://bhi.ky.gov>

KBHI-7

COMPLAINT

OFFICE USE ONLY	
DATE RECEIVED:	
AGENCY CASE #:	
INSPECTOR LICENSE #:	
BOARD REVIEW DATE:	
DATE CLOSED:	

PRELIMINARY QUESTIONS
<p>1. Have you communicated in writing (letter / text / email) with the home inspector regarding the subject matter of the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, please attach a copies of those communications and any responses you received.</p> <p>2. Has legal action been initiated in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, please attach copies of all legal pleadings filed in the case.</p> <p>b. If yes, please provide contact information for your lawyer if you have one.</p> <p>3. Did you sign an inspection agreement with the inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, please attach a copy of the inspection agreement.</p> <p>4. Have subsequent repairs been completed since the date of the home inspection referenced in this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

FILING YOUR COMPLAINT
<p>You must complete the attached form, have it notarized, and return it with all supporting documentation to the address above. You must attach copies of all supporting documents, including the full written inspector's report, all documentation indicated above, and any other documentation proving what you claim is factual.</p> <p>All documents will be retained by the Board and will not be returned.</p>

COMPLAINANT INFORMATION		
Name	Phone	
Street Address	Email address	
City	State	Zip
<input type="checkbox"/> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Realtor <input type="checkbox"/> Other:		



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HOME INSPECTOR INFORMATION

Name	Phone	
Company Name	License Number	
Business Address	Phone	
City	State	Zip

COMPLAINT DETAILS

In the space provided below, describe the facts of your complaint in the order in which they occurred. Please either type or print clearly. You may attach additional sheets if necessary.

CERTIFICATION

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I realize the serious nature of filing such a complaint and realize that there may be penalties for false or misleading statements concerning such complaint.

Complainant Signature: _____ Date: _____

Sworn to before me this _____ day of _____, _____ Notary Seal

Notary Public State of _____

County of _____

My Commission Expires _____

Notary Signature _____