

Filing a Complaint

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, Bureau of Construction Codes (www.michigan.gov/bcc). 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.

To file a complaint, please submit the following information. **KEEP COPIES OF ALL DOCUMENTS SENT.**

- A completed Statement of Complaint form in which you fully describe the factual basis for the allegation(s).
- 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:
 - Description of work performed
 - Notes you may have taken
 - Permit and inspection records from the Village's Building Official.
 - Advertisements
 - Proof of payment for work performed (canceled check, receipt, closing statement)
 - Court documents if applicable
- Sign the form where indicated.
- Submit the required Administration Fee.

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:

Village of Estral Beach
Building Department
7194 Lakeview Boulevard
Newport, Michigan 48166

Or Scan and Email to:
EstralBeachVillageBuildingDepartment@gmail.com

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

EB-BD08

Village of Estral Beach

7194 Lakeview Boulevard
Newport, MI 48166

734-586-8380

www.EsgralBeachVillage.or

E-Mail:

EstralBeachVillageBuildingDepartment@gmail.com

COMPLAINT NUMBER - FOR OFFICIAL USE ONLY

Authority: 1972 PA 230, 1956 PA 217, 1984 PA 192, 2002 PA 733

Penalty: Failure to provide the information may result in denial of your request.

The Village of Estral Beach is an equal opportunity employer. Auxillary aids, services and other reasonable accomoda-tions are available upon request to individuals with disabilities.

NOTE: The Village does not assist with reimbursement claims due to contractual disputes.

Instructions to the Complainant.

- Please read form in its entirety before completing.
- Be sure to sign and date complaint form.
- Mail or email form and all applicable attachments to the address listed above.
- A complaint will not be acted upon until the Administration Fee is obtained.

The Village'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 the Village.

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: MI	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)			

