



# Department of Labor

Division of Safety and Health  
Harriman State Office Campus  
Building 12, Room 167  
Albany, NY 12240  
(518) 457-1255  
[www.labor.ny.gov](http://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](mailto: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: \_\_\_\_\_



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 12240  
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