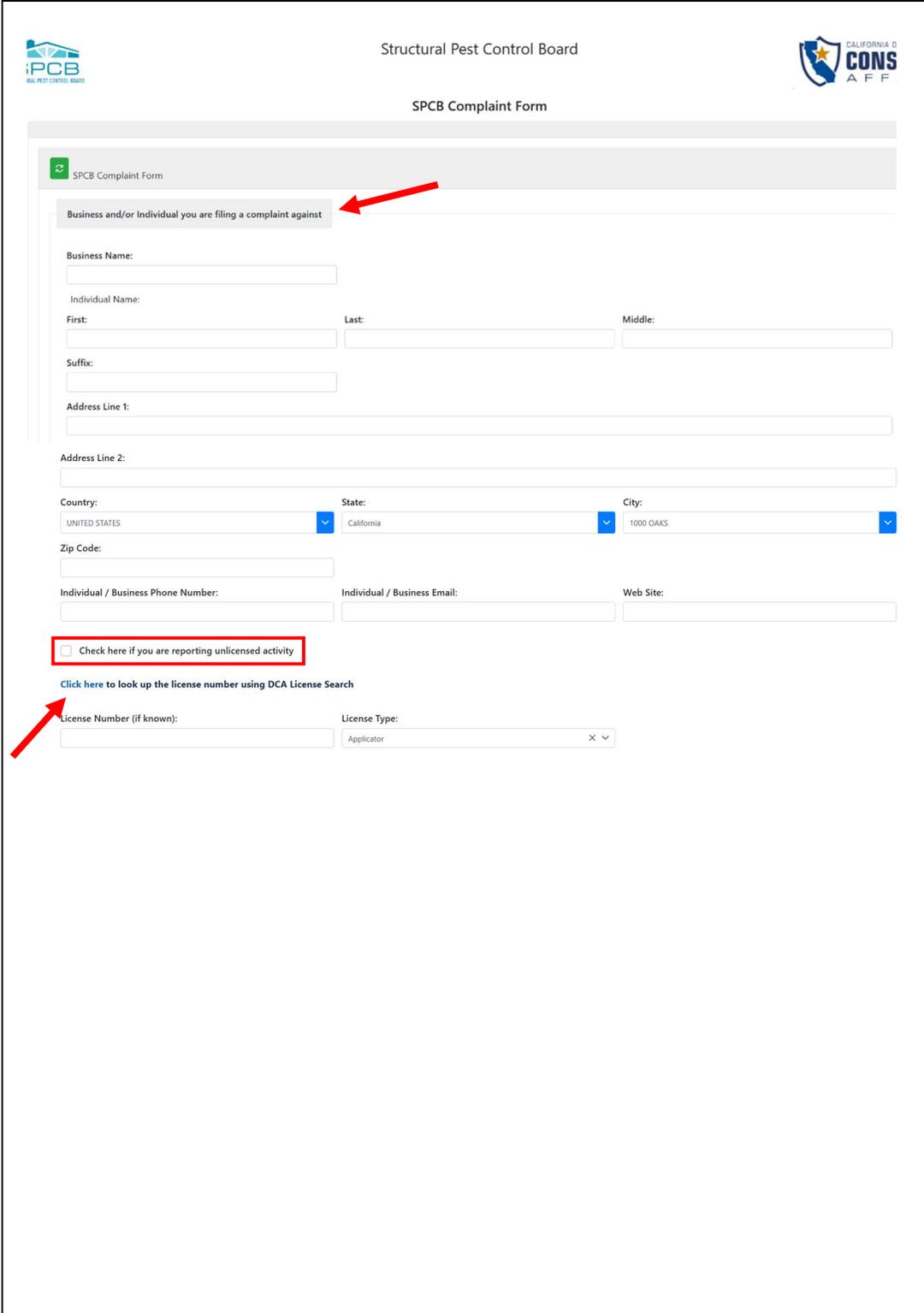


**SCREEN**

**ACTION**



The screenshot shows the 'SPCB Complaint Form' interface. At the top, there are logos for the Structural Pest Control Board (iPCB) and the California Department of Consumer Affairs (CONS AFF). The form title is 'SPCB Complaint Form'. Below the title, there is a section for 'Business and/or Individual you are filing a complaint against'. This section includes fields for Business Name, Individual Name (First, Last, Middle), Suffix, Address Line 1, Address Line 2, Country (dropdown), State (dropdown), City, Zip Code, Individual / Business Phone Number, Individual / Business Email, and Web Site. A red arrow points to the 'Business and/or Individual you are filing a complaint against' header. Below the form fields, there is a checkbox labeled 'Check here if you are reporting unlicensed activity', which is highlighted with a red box. A red arrow points to a blue hyperlink 'Click here to look up the license number using DCA License Search'. Below the hyperlink, there are fields for 'License Number (if known):' and 'License Type:' (dropdown menu).

1. Navigate to the Structural Pest Control Board website complaint submission form.
2. Complete all sections of the **Business and/or Individual you are filing a complaint against** section of the claim form.
3. If the activity being reported is unlicensed, select the **“Check here if you are reporting unlicensed activity”** check box.
4. If you have the license number of the person you are reporting, select the **“Click here”** hyperlink to use the DCA license search function.

**SCREEN**

**ACTION**

Complainant Information

Anonymous

*Please note, if you choose to remain anonymous the Board / Bureau will not be able to provide you with updates or the findings of the investigation and it may cause delays in obtaining evidence, which could affect the outcome.*

Business Name (if any):

First Name: \*  Last Name: \*  Middle Name:

License Number (if applicable):

Street Address Line 1: \*

Street Address Line 2:

Country: \*  State: \*  City: \*

Zip Code: \*

Phone Number:  Email: \*

Additional Information

1. Address of the Property involved. \*  
 Yes  No

2. What is your relationship to the property? \*  
 Owner  Renter  Other

3. Is this complaint about a pest inspection done for the sale of a property/for escrow purposes? \*  
 Yes  No

4. Did you get an inspection report from another company? \*  
 Yes  No

5. Has any work been done by another licensee or company? (Limit 500 characters) \*  
 Yes  No

5. In the “**Complainant Information**” section enter your information as the complainant.

If you would like to stay anonymous, select the “**Anonymous**” check box at the top of this section.

6. Complete the “**Additional Information**” section of the complaint form. A red asterisk (\*) next to a question indicates a response is required to move on with the complaint form submission.



# CONNECT JOB AID

## Structural Pest Control Board

### Complaint Form Submissions

| SCREEN  | ACTION  |
|---|---|
| <p><b>1. Address of the Property involved.*</b><br/><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Address Line 1<br/><input type="text"/></p> <p>Address Line 2<br/><input type="text"/></p> <p>Country: <input type="text" value="AFGHANISTAN"/> City: <input type="text"/> State/Province: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>Phone Number: <input type="text"/></p> <p><b>2. What is your relationship to the property? *</b><br/><input checked="" type="radio"/> Owner <input type="radio"/> Renter <input type="radio"/> Other</p> <p><b>Property Owner's Mailing Address</b></p> <p>Street Address Line 1:<br/><input type="text"/></p> <p>Street Address Line 2:<br/><input type="text"/></p> <p>Country: <input type="text"/> State/Province: <input type="text"/> City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p><b>3. Is this complaint about a pest inspection done for the sale of a property/for escrow purposes? *</b><br/><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Date Escrow Closed: * <input type="text"/></p> <p><b>4. Did you get an inspection report from another company? *</b><br/><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>5. Has any work been done by another licensee or company? (Limit 500 characters) *</b><br/><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please explain: *<br/><input type="text"/></p> | <p>7. Selecting the <b>“Yes”</b> radio button populates additional information fields.</p> <p>8. Enter the <b>address of the property</b> involved.</p> <p>9. Enter the <b>property owners mailing address</b>.</p> <p>10. If the complaint is about a pest inspection done for the sale of a property or for escrow purposes, enter the <b>Date Escrow Closed</b>.</p> <p>11. Question #4 does not require additional information, just a yes or no response.</p> <p>12. If work has been done by another licensee or company on this property, please enter additional information.</p> |

| SCREEN  | ACTION   |           |         |                    |                   |  |   |
|---|--|-----------|---------|--------------------|-------------------|--|---|
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Complaint</div> <p><b>1. DESCRIBE YOUR COMPLAINT:</b></p> <ul style="list-style-type: none"> <li>Be specific. Provide a complete step by step account, including dates, and a description of the incident.</li> <li>Provide the names, addresses, and telephone numbers of other persons who know about the situation, including the names of any law enforcement agencies, if you have had contact with them about your problem.</li> <li>Include copies of all documents about your complaint, such as estimates, invoices, pictures, letters, plans, maps, reports, correspondence, contracts, and advertisements.</li> </ul> <p><small>Please Note: Filing this complaint does not stop you from taking civil legal action.</small></p> <div style="border: 2px solid red; padding: 5px; margin-bottom: 10px;"> <p>Date of Incident *</p> <input style="width: 100%;" type="text"/> </div> <p>Please provide a summary of your complaint: (Limit 2000 characters) *</p> <input style="width: 100%; height: 30px;" type="text"/> | <p>13. The Complaint section requires an explanation of the complaint.</p> <p>14. Enter the <b>Date of Incident</b>.</p> <p>15. Provide a <b>summary of the complaint</b>.</p> <p>16. If applicable, upload <b>supporting documents</b>.</p> |           |         |                    |                   |  |   |
| <p><b>2. Provide supporting documents:</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><a href="#">+ Browse New Files</a></p> <p><small>To add new files for upload, please click "Browse", or click-and-drag files into this area</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Type</th> <th>File Name</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Complaint Document</td> <td>Test Document.txt</td> <td style="text-align: center;"> </td> </tr> </tbody> </table> <p><a href="#">Clear</a></p> </div>   | Type   | File Name | Actions | Complaint Document | Test Document.txt |  | <p>17. If a document is uploaded by mistake, select the <b>Trash icon</b> under <b>Actions</b> to delete the file or select <b>Clear</b>.</p> |
| Type  | File Name  | Actions   |         |                    |                   |  |   |
| Complaint Document  | Test Document.txt  |           |         |                    |                   |  |   |
| <p><b>3. What is the name of the person you dealt with? (Limit 65 characters)</b></p> <p>Full Name:</p> <input style="width: 100%;" type="text"/>   | <p>18. Enter the full name of the person you dealt with for question #3.</p>   |           |         |                    |                   |  |   |
| <p><b>4. How would you like to see your complaint resolved? (Limit 1000 characters) *</b></p> <input style="width: 100%; height: 30px;" type="text"/>   | <p>19. Enter information on how you would like the complaint resolved for question #4.</p>   |           |         |                    |                   |  |   |



CONNECT JOB AID  
Structural Pest Control Board  
Complaint Form Submissions

| SCREEN   | ACTION   |
|--|--|
|  <p>Attestation</p> <p><input checked="" type="checkbox"/> I declare under penalty of perjury that the information contained in the complaint including any attached pages is true and correct to the best of my knowledge and belief.<br/>If you are submitting the form Anonymously enter 'ANONYMOUS' in the signature field. *</p> <p>Signature: * <input type="text" value="Jane Doe"/> Date: * <input type="text" value="11/04/2024"/></p> <p><a href="#">Notice On Collection of Personal Information</a></p> <p><input type="button" value="Submit Complaint"/></p> | <p>20. In the Attestation section, select the <b>declaration check box</b> and add your <b>signature</b>.</p> <p>21. Select <b>“Submit Complaint”</b>.</p> |