



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

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.

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