



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 BUREAU OF INVESTIGATIVE SERVICES
 Office of Consumer Complaints
 1940 North Monroe Street * Tallahassee, Florida 32399-0782

UNIFORM COMPLAINT FORM

Please return to: **DBPR - BIS - COMPLAINTS SECTION**
 1940 North Monroe Street
 Tallahassee, FL 32399-0782

Type or Print

Contact (other than yourself)

Your Name: _____

Name: _____

Address: _____

Address: _____

City State Zip

City State Zip

Telephone: () _____ () _____
 Business Residence

Telephone: _____

Your Occupation: _____

SUBJECT OF COMPLAINT

Name: _____

Person and/or Company

Address: _____

Telephone: _____

City: _____

Occupation: _____

Zip: _____

State: _____

License # (if known): _____

Have you contacted subject concerning complaint? Yes: ___ No: ___ Date: _____

Private Attorney (if applicable): _____

Name

Address

_____ Telephone: _____

City

State

Zip

Because of the Statute of Limitations, please do not delay in consulting with an attorney or initiating any actions to preserve your civil remedies in this matter. The Department cannot be your legal Representative. Matters which involve monetary recovery or questions of restitution for damages are civil in nature and should be addressed to the court with appropriate jurisdiction.

Witnesses: (Please give full name and address): _____

Please see next page

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
(CONTRACTOR CASES)
COMPLAINT FORM

In addition to your complete written statement, we are requesting documentation of your contractual relationship with the contractor and evidence supporting your allegations.

Please answer as many questions below as possible to assist us in investigating your complaint. Copies of any of the following would be appropriate:

- Contract between you and the contractor
- Proof of payment to contractor (canceled checks – front and back, receipts, closing statement, etc.)
- Building permit, permit application, notices of code violations, certificate of occupancy – if available
- Liens, judgements and notices to owner including copies of related work orders, bills, subcontracts
- Warranties

1. I am complaining in my capacity as:

Homeowner Subcontractor Supplier Building Dept. Contractor
 Owner of commercial structure worked on by contractor

2. Check the category that best summarizes the work the contractor did for you or that you were involved in:

<input type="checkbox"/> Built a house	<input type="checkbox"/> Build addition to house
<input type="checkbox"/> Remodel house	<input type="checkbox"/> Built commercial structure
<input type="checkbox"/> Remodel or built addition to commercial structure	
<input type="checkbox"/> Re-roof or repair part of the roof of a house	<input type="checkbox"/> Roof work, commercial
<input type="checkbox"/> Built a pool at house	<input type="checkbox"/> Electrical work
<input type="checkbox"/> Air-conditioning or heating work at residence	
<input type="checkbox"/> Other, as follows: _____	

3. Please circle the letter(s) for the category that best describes your basic complaint:

- a. Poor workmanship by contractor.
- b. Job finished, but contractor will not correct problems
- c. Roof leaks, contractor will not repair
- d. Contractor failed to pay subcontractors/suppliers
- e. Contractor taking unreasonably long to do job
- f. Contractor abandoned job
- g. Financial dishonesty/misconduct by contractor

BASIC BACKGROUND DATA

4. Was contract in writing? Yes No
5. Contract price: \$ _____ Date on contract: _____
6. Approx. date work began: _____ Approx. date work ended: _____
7. Is the work-site located inside city limits? Yes No
8. If yes, name of city: _____
9. What county is work-site in? _____
10. Street address of work-site: _____

These questions may relate to building code compliance by the contractor. Please answer these questions to the best of you knowledge.

- 11. Was a permit obtained from the Building Department? Yes No
 - a. If no, was a permit required? Yes No
 - b. If yes, name of Building Department: _____
 - 12. Permit Number: _____ Date issued: _____
 - 13. Final inspection passed? Yes No
 - 14. Who pulled permit? _____
 - 15. Certificate of occupancy issued? Yes No
 - 16. Was the permit obtained on time? Yes No
 - 17. Were any inspections missed or performed late? Yes No
 - 18. If certificate of occupancy was not issued, why? _____
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FINANCIAL QUESTIONNAIRE

- 19. Total contract price: \$ _____
- 20. Total paid to contractor: \$ _____
- 21. What is actual or estimated cost to finish the job if you hire another contractor? \$ _____
(attach estimates from licensed contractor)
- 22. Have you had to pay subcontractors or suppliers directly? Yes No
If yes, how much and why? _____
- 23. Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid?
 Yes No
- 24. What is the total of such unpaid bills? \$ _____
- 25. Did contractor sign any statements to the effect that all bills have been paid? Yes No
- 26. Have you fired the contractor? Yes No
- 27. Has the job now been completed by you or a new contractor? Yes No

WORKMANSHIP

- 28. List the 3 worst items you are complaining about; that you feel are substandard and/or the contractor will not fix. Use a separate sheet if needed.

- 29. Has the contractor offered to make repairs? Yes No
- 30. Has the contractor made attempts to make repairs? Yes No
If yes, how many times? _____
- 31. Have you had any other licensed contractor, architect or engineer inspect the work? Yes No
If yes, please furnish a copy of the report.

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature (required to file complaint) _____
Date