



CHARLOTTE COUNTY
Community Development Department
Building Construction Services

Contractor Licensing Division
18400 Murdock Circle, Port Charlotte, FL 33948
Phone: (941) 743-1201 FAX: (941) 743-1220

UNIFORM COMPLAINT FORM

DATE RECEIVED _____ COMPLAINT # _____

(Your Name – Type or Print)

(Contact – Other Than Yourself)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: Home (____) _____

PHONE: Home (____) _____

Work (____) _____

Work (____) _____

DETAILS OF YOUR COMPLAINT

*Prior to filing your complaint with the Charlotte County Construction Services Division, it is **REQUIRED** that you **SEND** your **CONTRACTOR** a **CERTIFIED** letter with a return receipt that lists the issues of your complaint. **WITHOUT VERIFICATION OF THIS LETTER** your complaint **WILL NOT** be processed.*

PLEASE NOTE: If you elect to terminate the services of your contractor, you should not do so until you obtain the advice of legal counsel, as you could be in jeopardy of breach of contract. All contractor complaints filed with Charlotte County become part of the contractor's discipline file and are public information. Construction Services makes every attempt to resolving your complaint, however some contract issues regarding poor quality of work or a contractor's failure to correct minor deficiencies in his workmanship are usually considered a civil matter and the Construction Services Division is generally unable to take any action unless these deficiencies are so serious that there is a violation of the Florida and County Building Codes. All questions must be answered.

CONTRACTOR OR SUBJECT OF YOUR COMPLAINT

NAME: _____

(Name of Person or Company)

ADDRESS: _____ PHONE: _____

_____ LICENSE NUMBER _____

(If Known)

Description of your complaint, use additional paper if necessary. _____

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Please indicate the items that best describe your complaint. Poor Workmanship _____
Contractor Will Not Correct Problems _____ Roof Leaks _____ Liens on Your Home _____
Taking too Long to Complete _____ Contractor Abandoned Job _____ Financial Dishonesty _____
Contractor Not Returning Phone Calls _____ Project done with out a permit _____

DO YOU HAVE AN ATTORNEY _____ NAME: _____
PHONE: _____
ANY COURT LAWSUIT PENDING? _____ IF YES, WHERE _____

In order for the Investigations Unit of Construction Services to more accurately review your complaint,
PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLAINT FORM:
_____ Copy of Purchase Agreement or Contract or Billing Invoice.
_____ Copy of Payment Checks (Front & Back).
_____ Copy of **ALL Correspondence between** you and your Contractor and be sure to including a copy of the
Certified Letter sent to contractor, receipt card and / or a copy of the unclaimed letter and envelope.

Date Contract Was Signed _____ Date Work Began _____

Please check any of the following categories that fit your contract.
Build House _____ Remodel House _____ Build an Addition _____ Re-roof House _____
AC / Heating _____ Build a Pool _____ Build a Pool Cage _____ Electrical _____
Other _____

Dollar Amount of Contract: \$ _____ How Much Have You Paid Contractor: \$ _____

Was the Contracted Work Completed _____ Date Work Complete _____

Was a Building Permit Obtained? _____ Who Obtained this Permit? _____

Was There a Final Inspection Done by the Building Department? _____

What Were the Results of the Final Inspection? _____

If the project failed final inspection, please attach a copy of the violation information.

Did your Contractor Give You Any Warranty? _____ If yes, please attach a copy.

Have you Fired Your Contractor? _____

Have You Contacted any Other Agency Regarding Your Complaint? _____
If yes, who _____

State of Florida, County of Charlotte

The foregoing instrument was acknowledged before me, by means of physical presence
or online notarization, this _____ day of _____ 20____,
by _____ who is personally known to me or who has
produced _____ as identification and who did/did not take an
oath.

NOTARY SIGNATURE