

# 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: ADDRESS:	NAME: ADDRESS:	_
PHONE: <u>Home ()</u> Work ()	PHONE: Home () Work ()	_

#### **DETAILS OF YOUR COMPLAINT**

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

<u>PLEASE NOTE</u>: 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:	·····	
	of Person or Company)	
ADDRESS:	PHONE:	
	LICENSE NUMBER	
	(If Know	
Description of your complaint, use additional	paper if necessary.	,

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ease indicate the items that best describe your complaint. Poor Workmanship
aking too Long to Complete Contractor Abandoned Job Financial Dishonesty
ontractor Not Returning Phone Calls Project done with out a permit
D YOU HAVE AN ATTORNEY NAME:
PHONE:
order for the Investigations Unit of Construction Services to more accurately review your complaint, <b> COPY OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLAINT FORM:</b> Copy of Purchase Agreement or Contract or Billing Invoice. Copy of Payment Checks (Front & Back). Copy of <u>ALL Correspondence between</u> you and your Contractor and be sure to including a copy of the ertified Letter sent to contractor, receipt card and / or a copy of the unclaimed letter and envelope.
ate Contract Was Signed Date Work Began
ease check any of the following categories that fit your contract. uild House Remodel House Build an Addition Re-roof House C / Heating Build a Pool Build a Pool Cage Electrical ther
ollar Amount of Contract:   Mow Much Have You Paid Contractor:
as the Contracted Work Completed Date Work Complete
as a Building Permit Obtained? Who Obtained this Permit?
as There a Final Inspection Done by the Building Department?
hat Were the Results of the Final Inspection?
d your Contractor Give You Any Warranty? If yes, please attach a copy.
ave you Fired Your Contractor?
ave You Contacted any Other Agency Regarding Your Complaint?
SIGNATURE
TATE OF FLORIDA
DUNTY OF CHARLOTTE
efore me this day personally appeared, Who, being duly sworn, eposes and says that the facts and information contained in this complaint are true and to the best of s / her knowledge and belief.
vorn to and subscribed before me
his day of, 20 NOTARY SIGNATURE ersonally known OR produced identification rpe of identification produced ev: 10/21/13