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

If your contractor is licensed, please ensure you have sent them a certified letter with return receipt
listing the details of your complaint. You must also provide your contractor with an opportunity to
rectify the issue. Without verification this letter was sent (green card) and a copy of this letter, we
cannot take action on your complaint.

If your contractor is not licensed, please complete this form – no additional contact with your
contractor is required before filing the complaint.

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: _________________________

LICENSER 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 without 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 _________________________________________________________________________

SIGNATURE ____________________________________

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Before me this day personally appeared ___________________________, Who, being duly sworn, deposes and says that the facts and information contained in this complaint are true and to the best of his / her knowledge and belief.

Sworn to and subscribed before me

This _________ day of ________, 20________

Personally known _______ OR produced identification _______

Type of identification produced ___________________________

NOTARY SIGNATURE

Rev: 10/21/13