



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

Please submit to appropriate address on Page 4

COMPLAINANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Your Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
COMPLAINT DESCRIPTION				

Attach additional sheets as necessary.

CONTACT PERSON (IF OTHER THAN YOURSELF)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Please mail the completed Uniform Complaint Form to the address below to which it pertains:

Engineer's Board
2507 Callaway Road, Suite 200
Tallahassee, Florida 32303

Land Sales, Condos and Mobile Homes
1940 North Monroe Street
Tallahassee, Florida 32399-1031

Division of Hotels and Restaurants
1940 North Monroe Street
Tallahassee, Florida 32399-1012

Division of Real Estate
400 West Robinson Street
Suite N801
Orlando, Florida 32801-1757

Division of Pari-Mutuel Wagering
1940 North Monroe Street
Tallahassee, Florida 32399-1037

Department of Business and Professional Regulation
Division of Regulation/Compliance – Consumer Services
1940 North Monroe Street
Tallahassee, Florida 32399-0782

For the following professions:

Accountancy
Asbestos Consultants
Athlete Agent
Auctioneers
Barbers'
Building Code Administrators & Inspectors
Community Association Managers
Cosmetology
Construction Industry Licensing Board
Electrical Contractors
Employee Leasing Companies
Funeral Directors & Embalmers
Geologists
Landscape Architecture
Pilot Commissioners
Surveyors & Mappers
Talent Agencies
Veterinary Medicine

DBPR CILB 4355-1 Construction-Related Complaint Application



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
Division of Regulation/Compliance
Consumer Services
1940 North Monroe Street
Tallahassee, FL 32399 – 0782**

**NOTE – This form must be submitted as
part of an entire application packet.**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

WORK-SITE STREET ADDRESS			
Street Address			
City	State	Zip (+4 optional)	County

CONTRACTOR COMPLAINT QUESTIONS	
I am complaining in my capacity as a:	
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Building Department
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Contractor
<input type="checkbox"/> Supplier	<input type="checkbox"/> Owner of Commercial Structure
	<input type="checkbox"/> Other: _____
Select the category that best summarizes the work the contractor did for you or that you were involved in:	
<input type="checkbox"/> Built house	<input type="checkbox"/> Built addition to house
<input type="checkbox"/> Remodeled house	<input type="checkbox"/> Built commercial structure
<input type="checkbox"/> Air-conditioning or heating work at house	<input type="checkbox"/> Remodeled or built addition to commercial structure
<input type="checkbox"/> Re-roofed or repaired part of the roof of a house	<input type="checkbox"/> Commercial roof work
<input type="checkbox"/> Built residential pool	<input type="checkbox"/> Electrical work
<input type="checkbox"/> Plumbing work	<input type="checkbox"/> Other: _____
Please select the categories below that best describe your basic complaint:	
<input type="checkbox"/> Poor workmanship by contractor	
<input type="checkbox"/> Job finished, but contractor will not correct problems	
<input type="checkbox"/> Roof leaks; contractor will not repair	
<input type="checkbox"/> Contractor failed to pay subcontractors/suppliers	
<input type="checkbox"/> Contractor taking unreasonably long time to do the job	
<input type="checkbox"/> Contractor abandoned job	
<input type="checkbox"/> Financial dishonesty/misconduct by contractor	

FINANCIAL QUESTIONS	
1.	Was your contract in writing? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	What was your contract price?
3.	What was the contract execution date?
4.	What was the work begin date? _____ What was the work end date? _____
5.	What was the total amount paid to the contractor?
6.	Have you had to pay subcontractors or suppliers directly? Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	If you have paid subcontractors or suppliers directly, how much and why?
8.	Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	What is the total of such unpaid bills?
10.	Have you filed civil suit against a contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you obtained a judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have any liens been filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Did contractor sign any statements to the effect that all bills have been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Have you fired the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Has the job now been completed by you or a new contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	What is the actual or estimated cost to finish the job if you hire another contractor?

BUILDING CODE COMPLIANCE BY CONTRACTOR			
16.	Was a permit required for the work that was to be completed by the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17.	If required, was a building permit obtained from the building department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the name of the building department? _____		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Permit Number</td> <td style="width: 50%;">Date Issued</td> </tr> </table>	Permit Number	Date Issued
Permit Number	Date Issued		
18.	Who pulled the permit?		
19.	Was the permit obtained on time? Yes <input type="checkbox"/> No <input type="checkbox"/>		
20.	Were any inspections missed or performed late? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21.	Did the site pass final inspection by the building department? Yes <input type="checkbox"/> No <input type="checkbox"/>		
22.	If the site did not pass final inspection by the building department, explain why.		
23.	Was a Certificate of Occupancy issued? Yes <input type="checkbox"/> No <input type="checkbox"/>		

WORKMANSHIP QUESTIONS

24. Has the contractor offered to make repairs? Yes No

25. Has the contractor made attempts to make repairs? Yes No
If yes, how many times?

26. Have you had any other licensed contractor, architect or engineer inspect the work?
Yes No

**ATTESTATION STATEMENT
REQUIRES SIGNATURE OF APPLICANT**

I affirm that I have provided the above information completely and truthfully to the best of my knowledge. 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 (Florida Statute 837.06).

Sign Here: _____ Date: _____