

**INSTRUCTIONS FOR COMPLETING  
CONSTRUCTION-RELATED COMPLAINT PACKAGE  
DBPR CILB 4355**

**Complaint begins on page 2**

*If you have any questions or need assistance in completing these forms, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

In filing these forms, be certain that they are completely filled out, that all questions are answered truthfully and that all required information requested is provided. **Please type or print in ink.**

**CHECKLIST:**

TRANSACTION	FORM REQUIREMENTS
<b>File Construction-related Complaint</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete DBPR 0070 – Uniform Complaint Form – Construction</li> <li><input type="checkbox"/> If needed, complete the DBPR 0060 – General Explanatory Description form in order to provide the Department with additional complaint information.</li> <li><input type="checkbox"/> Complete DBPR CILB 4355 – Construction-Related Complaint Form</li> <li><input type="checkbox"/> If you are submitting a construction-related complaint, send copies of any documentation of your contractual relationship with the contractor and evidence supporting your allegations to <b>1940 North Monroe Street, Tallahassee, FL 32399-0782</b> (supporting documentation may consist of the contract between you and your contractor, proof of payment to contractor, building permit, permit application, notice of code violations, certificate of occupancy, liens, judgments and notices to owner including copies of related work orders, bills, subcontracts, warranties, etc.). <b>A copy of your contract and proof of payment is required in order to process your construction-related complaint.</b></li> </ul>

**QUALIFICATIONS:**

Any licensee or consumer may submit a complaint to the Department of Business and Professional Regulation.

Please send the completed forms and documentation to:

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

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

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"/>				
If this is hurricane related, please specify which one: Charley <input type="checkbox"/> Frances <input type="checkbox"/> Ivan <input type="checkbox"/> Jeanne <input type="checkbox"/> Dennis <input type="checkbox"/> Katrina <input type="checkbox"/> Wilma <input type="checkbox"/> Other <input type="checkbox"/>				
How did you get this complaint form? (check one): Toll Free Line <input type="checkbox"/> 850.487.1395 <input type="checkbox"/> Punta Gorda Bldg Dept <input type="checkbox"/> Wilma Task Force <input type="checkbox"/> Other <input type="checkbox"/>				
COMPLAINT DESCRIPTION				

Attach additional sheets as necessary.

<b>CONTACT PERSON (IF OTHER THAN YOURSELF)</b>				
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		

<b>PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)</b>				
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		

<b>SUBJECT OF COMPLAINT</b>				
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: \_\_\_\_\_

Send your completed complaint and documentation to:  
 Department of Business and Professional Regulation  
 Division of Regulation/Compliance – Consumer Services  
 1940 North Monroe Street  
 Tallahassee, FL 32399 – 0782



**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 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"/> Subcontractor <input type="checkbox"/> Supplier	<input type="checkbox"/> Building Department <input type="checkbox"/> Contractor <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"/> Remodeled house <input type="checkbox"/> Air-conditioning or heating work at house <input type="checkbox"/> Re-roofed or repaired part of the roof of a house <input type="checkbox"/> Built residential pool <input type="checkbox"/> Plumbing work	<input type="checkbox"/> Built addition to house <input type="checkbox"/> Built commercial structure <input type="checkbox"/> Remodeled or built addition to commercial structure <input type="checkbox"/> Commercial roof work <input type="checkbox"/> Electrical 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	

<b>FINANCIAL QUESTIONS</b>	
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?	

<b>BUILDING CODE COMPLIANCE BY CONTRACTOR</b>	
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? _____	
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"/>	

<b>WORKMANSHIP QUESTIONS</b>	
24. Has the contractor offered to make repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
25. Has the contractor made attempts to make repairs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times?	
26. Have you had any other licensed contractor, architect or engineer inspect the work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>ATTESTATION STATEMENT REQUIRES SIGNATURE OF APPLICANT</b>	
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: _____