



Urban Planning and Redevelopment Department
Building Code Services Division
Contractor Licensing & Enforcement
Investigations Unit

955 S. Federal Highway, #417 · Fort Lauderdale, Florida 33316 · Phone: 954-765-4440 ext. 245 · Fax: 954-765-4163

COMPLAINT FORM

Date: Complaint Type: Unlicensed Licensed

MAIL TO: BROWARD COUNTY BUILDING CODE SERVICES DIVISION
CONTRACTOR LICENSING AND ENFORCEMENT
INVESTIGATIONS UNIT
955 SOUTH FEDERAL HIGHWAY, RM 417
FORT LAUDERDALE FL 33316

FROM: (Type or clearly print your name)
(Street address number)
(City) (State) (ZIP Code)
(Area Code) (Telephone Number) Primary Phone
(Area Code) (Telephone Number) Alternate Phone

I am filing a formal complaint against: (First and last name of contractor)
(CC#)
(Company Name) (If known)
(Address) (Phone)

Clearly describe the complaint to include the type of activity, dates and desired resolution. If more space is needed, please attach additional sheets.

Multiple horizontal lines for describing the complaint.

Complaint on type of activity and date(s) continued)

Multiple horizontal lines for writing the complaint details.

Was permit issued? Yes No Date: _____ Issued to: _____

Permit Number _____ (if known)

ALL COMPLAINTS MUST BE ACCOMPANIED WITH THE FOLLOWING:

- Copies of the original contract and/or proposal provided by the contractor;
• Copies of front and back of the check or proof of payment (receipts, credit card statements etc.) to substantiate the complaint, and
• Signed and notarized affidavits witnessing the events.

An attempt will be made to assist you and the contractor in negotiating a resolution whenever possible. If this is not possible, other actions may be taken depending on the result of the investigation. Florida statutes 837.06, False Official Statements: 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.

NOTICE:

This complaint form must be notarized to be accepted by the Building Code Services Division for investigation.

STATE OF FLORIDA) _____

COUNTY OF _____) SS (Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

By _____ who is [is personally known to me] or [produced the identification as stated below:]

Commission Expires:
(Affix notary seal here)

NOTARY PUBLIC

Type or Print Name