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.
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