



City of Jacksonville

Construction Trades Qualifying Board and Building Inspection Division

UNIFORM COMPLAINT FORM

Please type or print

Complainant Information

Contact Information if different

Your Name _____

Name _____

Your Occupation _____

Address _____

Address _____

City, State, Zip code _____

City, State, Zip code _____

Phone Number plus area code _____

Phone Number plus area code _____

SUBJECT OF COMPLAINT

Name of Individual _____

Name of Company _____

Address _____

Address _____

City, State, Zip code _____

City, State, Zip code _____

Phone Number plus area code _____

Phone Number plus area code _____

Have you contacted subject concerning complaint?

License Number _____

Yes No Date if yes _____

Private Attorney Information (if applicable)

Name of Attorney _____

Address _____

Phone Number plus area code _____

City, State, Zip code _____

Because of the Statute of Limitations, please do not delay in consulting with an attorney or initiating any actions to preserve your civil remedies in this matter. The City of Jacksonville cannot be your legal Representative. Matters which involve monetary recovery or questions of restitution for damages are civil in nature and should be addressed to the court with the appropriate jurisdiction.

Witnesses

(Please give full name and addresses). Please mark (X) those you intend to subpoena.

Name _____ Name _____

Address _____ Address _____

City, State, Zip code _____ City, State, Zip code _____

Phone Number plus area code _____ Phone Number plus area code _____

Note: A copy of this form will be sent to the SUBJECT of your complaint, pursuant to 455.225(1) Florida Statutes:

Details of Complaint

Please give full details of your complaint. Include facts, details, dates. Please attach copies of bills, documents, records, correspondence, and contracts.

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.

_____ Date _____

Signature (required to file complaint)

UNIFORM COMPLAINT FORM (CONTINUED)

In addition to your complete written statement, we are requesting documentation of your contractual relationship with the contractor and evidence supporting your allegations.

Please answer as many questions below as possible to assist us in investigating your complaint. Also, please return all documentation to the Construction Trades Qualifying Board. Copies of any of the following would be appreciated:

1. I have copies of:

- Contract between you and the contractor.
- Proof of payment to contractor (canceled checks-front and back, receipts, closing statement, etc.)
- Building permit, permit application, notices of code violation, certificate of occupancy; if available.
- Liens, judgments and notices to owner including copies of related work orders, bills, subcontracts.
- Warranties.

I am complaining in my capacity as:

- | | |
|--|---|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Property owner | <input type="checkbox"/> Sub-Contractor |
| <input type="checkbox"/> Building Official Owner of commercial structure worked on by contractor | <input type="checkbox"/> Supplier |
| | <input type="checkbox"/> Other |

2. Check the category that best summarizes the work the contractor did for you or that you were involved in:

- | | |
|--|---|
| <input type="checkbox"/> Built a house | <input type="checkbox"/> Built a commercial structure |
| <input type="checkbox"/> Built an addition to a house | <input type="checkbox"/> Remodeled or built an addition to a commercial structure |
| <input type="checkbox"/> Remodeled a house | <input type="checkbox"/> Roof work, commercial |
| <input type="checkbox"/> Built a deck or out-building | <input type="checkbox"/> Electrical work |
| <input type="checkbox"/> Re-roofed entire house | <input type="checkbox"/> Plumbing work |
| <input type="checkbox"/> Re-roofed or repaired part of the roof of a house | <input type="checkbox"/> Heating / Air conditioning work |
| <input type="checkbox"/> Built a pool at house | <input type="checkbox"/> Other as follows: _____ |
| <input type="checkbox"/> Water softener installed | |
| <input type="checkbox"/> Irrigation system installed | |

3. Please select the category that best describes your basic complaint:

- Poor workmanship by contractor
- Job finished, but contractor will not correct problems
- Roof leaks, contractor will not repair
- Contractor failed to pay subcontractors/suppliers
- Contractor taking unreasonably long time to do job
- Contractor abandoned job
- Financial dishonesty/misconduct by contractor

BASIC BACKGROUND DATA

4. Was contract In writing? Yes No
5. Contract Price: \$ _____ Date on Contract _____
6. Approximate Date work began? _____ Ended? _____
7. Is the work located inside Duval County? Yes No
8. If yes, name of city _____
9. Street address of work site _____

These questions may relate to building code compliance by the contractor. Please answer these questions to the best of your knowledge.

10. Was a permit obtained from the Building Division? Yes No
a. If no, was a permit required?: Yes No
b. If yes, name of Building Division (City): _____
11. Permit number: _____ Date Issued? _____
12. Final inspection passed? Yes No
13. Who pulled permit? _____
14. Certificate of occupancy issued? Yes No
15. Was the permit obtained on time? Yes No
16. Were any inspections missed or performed late? Yes No
17. If certificate of occupancy was not issued, why? _____

FINANCIAL QUESTIONNAIRE

18. Total contract price?: _____
19. Total paid to contractor? _____
20. What is the actual or estimated cost to finish the job if you hire another contractor? _____
(Attach estimates from licensed contractor.)
21. Have you had to pay subcontractors or suppliers directly? Yes No
(If yes, how much and why?)
22. Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid? Yes No
23. What is the total of such unpaid bills? _____
24. Did contractor sign any statements to the effect that all bills have been paid? Yes No
25. Have you fired the contractor? Yes No
26. Has the job now been completed by you or a new contractor? Yes No

WORKMANSHIP

27. List the 3 (three) worst items you are complaining about; that you feel are substandard and/or the contractor will not fix. Use a separate sheet if needed.

28. Has the contractor offered to make repairs? Yes No
29. Has the contractor made attempts to make repairs? Yes No
(If yes, how many times?) _____
30. Have you refused to allow contractor to complete work? Yes No
31. Have you had any other licensed contractor, architect or engineer inspect the work? Yes No
(If yes, please furnish a copy of the report.)

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Signature (required to file complaint)

Date _____