



Jackson County Building Department
4487 Lafayette St.
Marianna, FL 32448
850-482-9802, Fax 850-718-0029
permitting@earthlink.net

CITIZEN COMPLAINT FORM
RE: CONTRACTOR

PLEASE TYPE OR PRINT

Date: _____

Your Name: _____

Address: _____

Telephone: _____

Subject of Complaint

Name of Contractor: _____

License Number (if known): _____

Work Site Street Address: _____

City: _____

Select the category that best summarizes the work the contractor did for you or that you were involved in:

- Built house
- Remodeled house
- Air-conditioning or heating work at house
- Re-roof or repaired part of the roof of a house
- Built residential pool
- Plumbing work
- Built addition to house
- Built commercial structure
- Remodeled or built addition to commercial structure
- Commercial roof work
- Electrical work
- Other: _____

Select the categories below that best describe 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 subcontractor(s)/supplier(s)
- Contractor taking unreasonably long time to do the job
- Contractor abandoned job
- Financial dishonesty/misconduct by contractor
- Other: _____

Workmanship Questions

Has the contractor offered to make repairs? Yes No

Has the contractor made attempts to make repairs? Yes No

If yes, how many times _____

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

Financial Questions

Was your contract in writing? Yes No

What was your contract price? _____

What was the contract execution date? _____

What was the begin work date? _____ What was the end work date? _____

What was the total amount paid to the contractor? _____

Have you fired the contractor? Yes No

Has the job now been completed by you or a new contractor? Yes No

What is the actual or estimated cost to finish the job if you hire another contractor? _____

Building Code Compliance by Contractor

Was a permit issued for the job? Yes No

Permit #: _____ Date Issued: _____

Complaint Description

Attestation Statement

I affirm that I have provided the above information completely and truthfully to the best of my knowledge. § 837.06, Florida Statutes; “Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.”

Signature

Date