



CONSTRUCTION INDUSTRY LICENSING BOARD (CILB)
OF PALM BEACH COUNTY
CODE COMPLIANCE DIVISION
CONTRACTOR REGULATIONS SECTION
2300 N JOG ROAD, SUITE 2W-61
WEST PALM BEACH, FL 33411-2741
Telephone: (561) 233-5525

EMAIL: PZB-INVESTIGATIONS@pbc.gov WEBSITE: www.pbcgov.com/pzb/contractors

Complaint/Referral against a Contractor



All information provided is public record and is available for inspection by the public under the Florida Public Records Law. This includes all of the information you have included in this complaint and supporting documentation.

Contact Information

Name	Home Phone		
Address	City	State	Zip
Mobile Phone	Work Phone		
Email			

Contractor Information

Name	Company Name		
Address	City	State	Zip
Phone	Fax		
License # Used	Contact Person		
Email			

Complaint/Referral Initiation

<input type="checkbox"/> By Owner
<input type="checkbox"/> By General Contractor Against Subcontractor
<input type="checkbox"/> By Subcontractor Against General Contractor
<input type="checkbox"/> By PBC Department/Division _____
<input type="checkbox"/> Complaint by a Government Entity _____
<input type="checkbox"/> Other

Project Information

Construction Site Owner Name	Construction Site Owner Phone		
Construction Site Owner Address	City	State	Zip
Construction Site Physical Address	City	State	Zip

Information on the work for which you contracted:

Contract Date	Date Work Started	Date Work Ceased
Amount \$	Amount Paid on Contract \$	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit

Why did you choose this contractor?

<input type="checkbox"/> Regular Customer	<input type="checkbox"/> Door-to-Door Solicitation	<input type="checkbox"/> Referral	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Other	Please explain: _____		

Is this project a:	
<input type="checkbox"/> Residence <input type="checkbox"/> New Construction <input type="checkbox"/> Commercial Building <input type="checkbox"/> Public Utility <input type="checkbox"/> Other	
Please explain:	
<input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Other	
Please explain:	
Was the contract:	
<input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> New Home Purchase Agreement <input type="checkbox"/> Public Utility <input type="checkbox"/> Other	
Please explain:	
Were there any change orders?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, were they: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Both	
Is your complaint:	
<input type="checkbox"/> Abandonment <input type="checkbox"/> Quality of Work <input type="checkbox"/> No permits <input type="checkbox"/> Other	
Please explain:	
Was a permit obtained?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, permit pulled by: <input type="checkbox"/> Contractor <input type="checkbox"/> You <input type="checkbox"/> Salesperson <input type="checkbox"/> Public Utility <input type="checkbox"/> Unknown	
Permit #	Department
Was a Notice of Commencement filed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Who presented contract?	Who was the contract presented to?
<input type="checkbox"/> Contractor <input type="checkbox"/> Salesperson <input type="checkbox"/> Other	Name of person/Company:
Name:	
Does the contractor have employees or is a subcontractor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how many:	
Did you dismiss the contractor, cease and desist the contractor or terminate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dismiss <input type="checkbox"/> Cease and Desist <input type="checkbox"/> Terminate	
Was any work performed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Did you receive a "Notice to Owner?"	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, by whom:	
Were any liens filed on this job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Did you file any claims or liens on contractor?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have you filed a complaint with State of Florida Department of Business and Professional Regulation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are you attaching any documentation in support of your complaint?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please list each documents (example: photos, contracts, etc.)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

What attempts have you made to contact the contractor?

☐ Personal Contact ☐ Phone ☐ Letter ☐ Unable to Locate

Have you obtained an estimate from another contractor to complete or correct the job?

☐ Yes ☐ No

If yes, please provide a copy with your complaint

Contractor Name

Address

Phone

Complaint Information

Please give a complete description of your complaint.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's part of a bound notebook. There is no handwriting or other markings on the page.

Please provide copies (front and back) of all paperwork related to your complaint, including copies of contracts and/or estimates, proof of payment* and any other pertinent materials – including photographs. Please cross out all Social Security numbers and bank or credit card account numbers. If copies are not available, please indicate. **Do not send original documents**

**Proof of payment includes: (1) if payment was made by cash, a receipt reflecting payment; (2) if payment was made by check, a photocopy of the front and back of the negotiated check; (3) if payment was made by credit card, a photocopy of the credit card receipt or statement; (4) if a dispute was filed with your credit card company, the results of that dispute.*

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 an investigation.

- If the contractor is licensed, he/she will be informed of this alleged complaint and will be asked to contact us.
- We are unable to direct an unlicensed person to complete or correct any project.

We do not represent private citizens in court – nor can we collect money for you. Please contact an attorney for advice on filing such action.

Florida Statute §837.06 states: *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.*

Under penalty of perjury, I declare the facts contained herein are true, correct and complete.

Signature

Date

This complaint form must be notarized in order to be accepted for investigation. Please return this completed form with all necessary documentation to the division address on page 1 or e-mail to PZB-INVESTIGATIONS@pbc.gov.

Notary Public

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

by _____
(name of person acknowledging)

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____