

complaints concerning the work of unlicensed contractors.

Date: _

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES Contractor Licensing Enforcement Section

11805 SW 26th Street (Coral Way), Room 230

Miami, FL 33175-2474 Phone: (786) 315-2561

miamidade.gov

MIAMI-DADE COUNTY CONTRACTOR COMPLAINT FORM

| Dear | Citizen: | | | | | | | | | | | |
|------|--------------|-----------------|------------|--------|-----|-------------|----------|--------------|-----|----------------|--------|------------|
| The | Contractor | Enforcement | Section | of the | ne | Miami-Dade | County | Department | of | Regulatory | and | Economic |
| Resc | ources inves | stigates comple | aints invo | lving | Mia | ami-Dade Co | unty cor | tractors. In | add | ition, the Off | ice in | vestigates |

In order to register your complaint, please complete the enclosed form and return it to the Building Code Support Division located at 11805 SW 26th Street, (Coral Way), Room 230 Miami, FI 33175. If insufficient space is provided on the complaint form for any answer, please use a separate sheet. **Do not write on the reverse side of this form.**

All complainants must submit front and back copies of their contract and front and back copies of all canceled checks or receipts evidencing payment to the contractor at the time you file your complaint. In addition, please submit copies of any business cards or any advertisements used by the contractor or his employees that you have in your possession. Do not send original documents under any circumstances.

Upon receipt of the completed complaint form and accompanying documents, an Investigator will open a case file and a copy of your complaint will be sent to the contractor for response. Since the Investigator may have to contact you for additional information, please provide a telephone number where the Investigator can contact you during the day. When the investigation is complete and the Investigator has confirmed a violation of the contractor licensing laws, the Investigator will either issue tickets or notices of violation to the violator, initiate a case in criminal court through the State Attorney's Office or present the case before a committee of the Construction Trades Qualifying Board known as the Probable Cause Panel in order to initiate a formal disciplinary hearing. If the Probable Cause Panel orders a formal hearing, a hearing before the Construction Trades Qualifying Board will be scheduled. Upon a finding of guilty, the Board may impose one or more of the following penalties: reprimand, suspension or revocation of the contractor's license, restitution or imposition of fines of up to \$5,000.00 per count.

Since investigations and cases vary in complexity duration and priority, a definite time frame cannot be given as to when the complaint process will be completed for any individual case. Further, because the Statute of Limitations establishes time limits within which you must assert a cause of action in court, please do not delay in consulting with an attorney or initiating any action to preserve your civil remedies in this matter. Finally, you may have certain rights under Florida law if you have suffered damages caused by a state certified or registered contractor with whom you have a signed contract. Contact the State of Florida Department of Business and Professional Regulations for additional information at 850-487-1395.

Thank you for your cooperation.



MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES Contractor Licensing Enforcement Section 11805 SW 26th Street (Coral Way) Room 230 Miami, FL 33175-2474 Phone: (786) 315-2561

miamidade.gov

COMPLAINT FORM

| | •••••• |
|--|--|
| (Please Type or Print) | |
| This complaint becomes a matter of public record at the time the complaint and the general public. | e it is filed and is available for review and copying by the subject of |
| Your Name: | _ |
| Address: | - |
| | |
| | |
| Telephone: ()Business | Cellular: () |
| ()Residence | |
| Residence | |
| SUBJE | CT OF COMPLAINT |
| Name: | |
| Name: Person and/or Company | |
| Address: | * |
| | |
| | |
| Telephone: () | Beeper: () |
| License No.: | |
| [If Known] | |
| If the contractor is state licensed, you need to also file a comp Regulation (DBPR). For information on the filing of complaints with | plaint with the State of Florida Department of Business and Professional DBPR, please call 305-470-5617 or 850-487-1395. |
| I am complaining in my capacity as: | |
| Homeowner | |
| Owner of Commercial Structure | Other |

COMPLAINT FORM PAGE 2 OF 5 Have you filed a complaint with any other agency? 1. Yes No (If so please provide name of Agency) _____ If necessary, are you willing to go to Criminal Court, and testify under oath in this case? // Yes 2. @ No BACKGROUND DATA 3. Was contract in writing?

Yes
No If yes, enclose copy Contract Price: \$_____ Date on contract_____ 4. Job address: 5. Contractor employees you had contact with. Name: 6. Name: Name: CONTRACT INFORMATION Was the contract signed in your presence? // Yes // No By whom: _____ 7. 8. At the time you entered into the contract, did you believe the person/company was a contractor licensed or certified by the State of Florida and/or Miami-Dade County? // Yes // No If yes, why? 8a. Would you have hired this contractor if you thought he was unlicensed? // Yes // No 8b. 9. Was there any discussion as to whether the person/company was affiliated with another person/ company that was licensed or certified? // Yes // No If so, what was said, when and by whom? What work was supposed to be done under the terms of the contract?_____ 10. 11. Why are you dissatisfied?

COMPLAINT FORM PAGE 3 OF 5

| | f additional contracts/agreements were signed with the same or related contractors, please explain the circumstances? | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| | Was there any discussion as to whether building permits would be obtained? // Yes // No if so, please relate what if anything was said, by whom and when the statement was made | | | | | | | |
| | Was work begun by your contractor? // Yes // No If so, what date? | | | | | | | |
| | | | | | | | | |
| • | When was the last time the contractor performed work on the jobsite? | | | | | | | |
| | Have you had discussion with him or his representative since then? // Yes // No if so, what was said? | | | | | | | |
| | Did he work steadily from the date he started work until the last day he worked? // Yes // No | | | | | | | |
| | If so, please relate what happened between these dates. | | | | | | | |
| | Has an architect or engineer employed by you or the contractor inspected the work? // Yes // No If so, please provide name, address and telephone number and a copy of the report: | | | | | | | |

| | COMPLAINT FORM | PAGE 4 OF 5 |
|------------------|---|--|
| 9. | Has the contractor offered or made attempts to make repairs? // Yes // No | |
| 0. | Have you fired the contractor? // Yes // No How was the contractor term | inated? |
| 1. | Would the contractor be allowed to return to finish work or do repairs? Yes what type of work remains to be done? | S // No if so, |
| 2. | Has the job now been completed by you or another contractor? Yes | No |
| | | |
| | FINANCIAL INFORMATION | |
| 3. | **Total paid to contractor: \$ If you made payments, received the payments, the date of the payments, and the amount paid a payments (check, cash, or credit). Who were the checks made payab provide copies front and back of all checks. If cash was given, provide receipts. | nd form of the le to? Please |
| | **Total paid to contractor: \$ If you made payments, received the payments, the date of the payments, and the amount paid a payments (check, cash, or credit). Who were the checks made payab provide copies front and back of all checks. If cash was given, provide | nd form of the le to? Please |
| 3a. | **Total paid to contractor: \$ If you made payments, received the payments, the date of the payments, and the amount paid a payments (check, cash, or credit). Who were the checks made payab provide copies front and back of all checks. If cash was given, provid receipts. | nd form of the le to? Please |
| 3a. 3b. | **Total paid to contractor: \$ If you made payments, received the payments, the date of the payments, and the amount paid a payments (check, cash, or credit). Who were the checks made payab provide copies front and back of all checks. If cash was given, provide receipts. Has the contractor repaid any monies to you? ### Yes ### No | and form of the ble to? Please e copies of all |
| 3a. 3b. 4. | **Total paid to contractor: \$ If you made payments, received the payments, the date of the payments, and the amount paid a payments (check, cash, or credit). Who were the checks made payab provide copies front and back of all checks. If cash was given, provide receipts. Has the contractor repaid any monies to you? | and form of the ple to? Please e copies of all |
| 3a. 3b. 4. | **Total paid to contractor: \$ | and form of the ple to? Please e copies of all |

27. Did contractor sign any statements to the effect that all bills have been paid? // Yes // No If so, please provide a copy.

// Yes // No If so, how much is owed?

paid?

| | COMPLAINT FORM | | PAGE 5 OF 5 | |
|---------|--|--|---------------------------------------|-------|
| 28. | Did you obtain a partial or full release of lien f | rom your contractor | ? | (lf |
| | you have said documents, please attach a copy |) Who provided you | with this release? | |
| | When?Were any payme | ents made based u | pon your reliance on | said |
| | release? | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| 29. | Have any suppliers, material person, subcont | ractors or anyone e | else advised you or actu | ıally |
| | placed liens on your property? | lf so, pl | ease list the name, addr | ess |
| | and telephone number of the person/entity, the | amount of the lien, | and an explanation of w | vhat |
| | work/services/materials were supplied that gave | e rise to the claim o | lien. (Please attach co | pies |
| | of all notices/claims of lien filed on your property | ·.) | | |
| | The state of the s | Name of the Assessment of the | | |
| | | | | |
| | | The same of the sa | | |
| | | | | |
| | | | * | |
| the int | a Statutes 837.06, False Official Statements: Whoe ent to mislead a public servant in the performance of the degree. | | | |
| | | | | |
| | Signature | | Date | _ |
| | | | | |
| | Print Name | | | |
| STAT | E OF FLORIDA, COUNTY OF MIAMI-DADE: | | | |
| | Sworn to and subscribed before me this | day of | 20 | |
| Bv | | aa, o | | ' |
| , | | | | |
| Perso | onally known | | | |
| | | | | |
| Produ | iced Identification | Nota | ary Public, State of Florida | a |
| Typo | | | | |

(SEAL)