



**Marion County
Board of County Commissioners**

Building ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2428
Fax: 352-438-2430

FOR OFFICE USE:

LRB Case # _____

Action Order # _____

Code Case # _____

COMPLAINT FORM

Building Code Issues/Permitting Issues Fill out Part I

Contractor/Licensing Issues Fill out Part I *and* Part II

PART I

YOUR INFORMATION: **DATE OF YOUR CALL or VISIT:** _____

Name: _____

Address: _____

Daytime (8am-5pm) Phone Number: _____ Cell Phone Number: _____

Email (if you would prefer electronic correspondence): _____

Address or Parcel ID that your complaint refers to: _____

Complaint is about: *(circle)*

Mobile Home

Building Addition

Department Staff Member

Shed

Contractor

Other: _____

CONTRACTOR COMPLAINT FORM

PART II

SUBJECT OF COMPLAINT: (Fill in only if complaint is against a Licensed Contractor)

Name: _____

Business Name: _____

Address: _____

Phone: _____

License Number: _____

In addition to your written statement in **PART I**, please document your contractual relationship with the contractor and provide evidence of supporting allegations. Answer as many questions below as possible to assist us in investigating your complaint.

Provide copies of any of the following if available:

1. Proof of the contract between you and the contractor
2. Proof of payment to the contractor – cancelled checks (front and back), receipts, closing statements, etc. Liens, judgments and notices to owner, including copies of related work orders, bills, and subcontracts warranties

I am complaining in my capacity as the:

Homeowner Subcontractor Building Department Contractor

Check the category that best summarizes the work that you were involved with or what the contractor did for you:

- Built house Remodeled house Built addition to a house Commercial roof work
 Re-roofed the entire house Built a commercial structure Remodeled or built an addition to a commercial structure A/C or heating work at the residence Installed a pool
 Other, please explain _____

Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor
- B. Job finished, but contractor will not correct problems
- C. Roof leaks, and contractor will not repair
- D. Contractor failed to pay subcontractors/suppliers
- E. Contractor taking an unreasonably long time to do the job
- F. Contractor abandoned job
- G. Financial dishonesty/misconduct by contractor
- H. Contractor exceeded the scope of his/her license

**ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION.
IF A QUESTION DOES NOT APPLY TO YOUR COMPLAINT, WRITE "N/A".**

BASIC BACKGROUND DATA:

1. Is the work site located inside City limits or County limits?
2. What is the street address and city of the work site? _____
3. These questions may relate to the contractor's building code compliance:

Was the contract in writing? YES NO

Contract Price: \$ _____ Date of Contract: _____

Approximate Date that Work Began: _____

Approximate Date that Work Ended: _____
4. Was the permit obtained from the Marion County Building Department? YES NO
If NO, was a permit required? YES NO
5. What was the name of the person who pulled the permit? _____
6. What was the permit number? _____
7. Was the permit obtained on time? YES NO
8. Was the Certificate of Occupancy issued? YES NO
9. If the Certificate of Occupancy was not issued, explain why. _____

10. Were any inspections missed or performed late? YES NO
11. Was the Final Inspection passed? YES NO

FINANCIAL QUESTIONNAIRE:

1. What was the total contract price? \$ _____
2. What was the total price paid to the contractor? \$ _____
3. If you hire another contractor what is the estimated cost to finish the job? \$ _____
[Attach estimates from licensed contractor(s)]

4. Were you obligated to pay any subcontractors or suppliers that the contractor was required to Pay? YES NO

5. Are there any unpaid bills owed to subcontractors or suppliers which the contractor was Responsible to pay for? YES NO

6. What is the total amount of the unpaid bills? \$_____

7. Did the contractor sign any statements stating that the bills had been paid? YES NO

8. Has the contractor been terminated? YES NO

9. Has the job been finished by you or a new contractor? YES NO

WORKMANSHIP:

1. List the three (3) most serious items of your complaint and/or those which your contractor will not repair. Use a separate sheet of paper if necessary.

2. Has the contractor offered to repair any and all damage that was caused? YES NO

3. Has the contractor made an attempt to repair the damage? YES NO
If YES, how many times? _____

4. Have you had another licensed contractor, architect, or engineer inspect the work?
 YES NO

5. If YES, list the name of the other licensed contractor, architect, or engineer who performed the inspection:
