



COUNTY OF VOLUSIA
GROWTH AND RESOURCE MANAGEMENT
CONTRACTOR LICENSING
REGISTERED CONTRACTORS PROGRAM
123 West Indiana Ave., Room 203, DeLand, Florida 32720

COMPLAINT FORM

Please Return to: Volusia County
Contractor Licensing
123 West Indiana Ave., Room 203
DeLand, Florida 32720

Type or Print
Your Name:
Address:
Telephone: () Business () Home
Your Occupation :

Contact (other than yourself)
Name:
Address:
Telephone: () Business () Home

SUBJECT OF COMPLAINT

Name:
Address:
City:
Zip:
Telephone: ()
Occupation:
State:
License # (if known):

Have you contacted subject concerning complaint? [] Yes [] No Date:

Private Attorney

(If applicable)
Name Address
City State Zip Telephone

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.

Witnesses (Please give full name and address, type or print clearly)

Witness signature lines

Please see other side

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 Dept.? Yes No
 - a. If no, was a permit required? Yes No
 - b. If yes, name of Building Department: _____
- 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 actual or estimated cost to finish the job if you hire another contractor? \$ _____
Attach estimates from licensed contractor.
- 21. Have you had to pay subcontractor 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 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 had any other licensed contractor, architect or engineer inspect the work? Yes No
If yes, please furnish a copy of the report.

Complainant Sign Here

Date