

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
T (786) 315-2424

MIAMI-DADE COUNTY CONTRACTOR COMPLAINT FORM

| Dear Citizen: | | | | | | | | | | | | |
|---------------|------------|-------------|---------|----|-----|------------|--------|------------|----|------------|-----|----------|
| | 0 | | 0 " | | 11 | | | D | | 5 1. | 4 | |
| The | Contractor | Enforcement | Section | Of | the | Miami-Dade | County | Department | Of | Regulatory | and | Economic |

complaints concerning the work of unlicensed contractors.

In order to register your complaint, please complete the enclosed form and return it to the Contractor Enforcement Section located at 11805 SW 26th Street (Corp. Way). Peop. 230 Miami. El 23175. If insufficient space is provided

Resources investigates complaints involving Miami-Dade County contractors. In addition, the Office investigates

Section 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 T (786) 315-2424

| | COMPLAINT FORM | |
|---|--|---|
| (Planes Type or Print) | | |
| (Please Type or Print) | | |
| This complaint becomes a matter of public rec the complaint and the general public. | ord at the time it is filed and is availab | le for review and copying by the subject of |
| Your Name: | | |
| Address: | | |
| , | | |
| * | - 200 | |
| Telephone: ()Business | Cellular: (|) |
| | | |
| ()Residence | | |
| | SUBJECT OF COMPLAINT | |
| Namo | | |
| Name: Person and/or Com | pany | |
| Address: | | |
| | | |
| *************************************** | | |
| | | |
| Telephone: () | Beeper: (|) |
| License No.:[If Known] | | |
| If the contractor is state licensed, you need to al Regulation (DBPR). For information on the filing of co | so file a complaint with the State of Flo | |
| I am complaining in my capacit | y as: | |
| / Homeowner | - P | Contractor |
| Owner of Commercial S | 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 Was contract in writing?

Yes

No 3. If yes, enclose copy Contract Price: \$_____ Date on contract_____ 4. 5. Job address: 6. Contractor employees you had contact with. Name: _____ Name: **CONTRACT INFORMATION** Was the contract signed in your presence? Ves 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? \(\mathcal{P} \) Yes \(\mathcal{P} \) 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? 10. What work was supposed to be done under the terms of the contract? 11. Why are you dissatisfied? _____

COMPLAINT FORM PAGE 3 OF 5

| | dditional contracts/agreements were signed with the same or related contractors, please plain the circumstances? |
|------------|---|
| Wa if s | as there any discussion as to whether building permits would be obtained? // Yes // No o, please relate what if anything was said, by whom and when the statement was made |
| De | as work begun by your contractor? |
| | |
| Wł | nen was the last time the contractor performed work on the jobsite? |
| | ve you had discussion with him or his representative since then? // Yes // No if so, what s said? |
| | d he work steadily from the date he started work until the last day he worked? // Yes // No so, please relate what happened between these dates. |
| | s an architect or engineer employed by you or the contractor inspected the work? # Yes # Noso, please provide name, address and telephone number and a copy of the report: |

| | COMPLAINT FORM | PAGE 4 OF 5 |
|--------------|---|-----------------------------|
| 19. | Has the contractor offered or made attempts to make repairs? // Yes // No | |
| 20. | Have you fired the contractor? // Yes // No How was the contractor termi | nated? |
| 21. | Would the contractor be allowed to return to finish work or do repairs? Yes what type of work remains to be done? | |
| 22. | Has the job now been completed by you or another contractor? // Yes | No |
| | FINANCIAL INFORMATION | |
| 23. | **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 payable provide copies front and back of all checks. If cash was given, provide receipts. | nd form of the e to? Please |
| 23a. | Has the contractor repaid any monies to you? // Yes // No | |
| 23b. | If yes you must notify the Investigator assigned to your case. | |
| 24. | What is the actual or estimated cost to finish the job if you hire another contractor Attach copies of estimate(s) from licensed contractor(s). | r? \$ |
| 25. | Have you had to pay subcontractors or suppliers directly? // Yes // New Much and why? | o If yes, how |
| | | |
| 26. paid? | Are there now unpaid bills owed to subcontractors or suppliers whom the contractors of No If so, how much is owed? | |
| 27. | Did contractor sign any statements to the effect that all bills have been paid? If so, please provide a copy. | P Yes P No |

COMPLAINT FORM PAGE 5 OF 5

| 12. | Did you obtain a partial or full release of lien from your contractor?(If you have said documents, please attach a copy.) Who provided you with this release? | | | | | | | | |
|-----------------|---|---------------|------------------------------|-------------|---------------|----------------|---------------------------------------|----------|--|
| | | | | | | | | | |
| | When? | _Were an | ny payments | s made | based | upon you | r reliance | on said | |
| | release? | | | | | | | | |
| | | | | | | | | | |
| 13. | Have any suppliers, material person, subcontractors or anyone else advised you or actually | | | | | | | | |
| | placed liens on your property | ? | lf so, please list the name, | | | | | | |
| | and telephone number of the person/entity, the amount of the lien, and an explanation of what | | | | | | | | |
| | work/services/materials were supplied that gave rise to the claim or lien. (Please attach copies | | | | | | | | |
| | of all notices/claims of lien filed on your property.) | | | | | | | | |
| the int | a Statutes 837.06, False Official Sent to mislead a public servant in the degree. | | | | | | | | |
| | (Date) | [| insert name] | | | | | | |
| County Sworn | of Florida y of Miami-Dade to (or affirmed) and subscribed sical presence online notariz | | • | • | | | | ck one): | |
| by | (na | me of indivi | dual swearing | or affirmii | ng) | | | _ | |
| المطانيا ط | uel identified by | a a vila da a | | om covid | | | | | |
| maivia | ual identified by: personal kr | lowleage | | ory evid | ence (type | ·) | | _• | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | (Signature of | Notary Pu | ıblic) | | | _ | |
| | | | | | | | | | |
| | | | (typed, printed | l or etam | ned name | of Notary Pi | ıblic) | _ | |
| | | | (typea, printed | , OI 314111 | pou name | or rectary r t | , , , , , , , , , , , , , , , , , , , | | |
| | | | | | | | | | |
| (, | Affix Florida Notary Seal above) | | | | | | | | |