Date: ____________________

Dear Citizen:

The Contractor Enforcement Section of the Miami-Dade County Department of Regulatory and Economic Resources investigates complaints involving Miami-Dade County contractors. In addition, the Office investigates 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, (Coral Way), Room 230 Miami, FL 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.
COMPLAINT FORM

(Please Type or Print)

This complaint becomes a matter of public record at the time it is filed and is available for review and copying by the subject of the complaint and the general public.

Your Name: ____________________________

Address: ______________________________

________________________________________________________________________

________________________________________________________________________

Telephone: ( ) __________________________ Cellular: ( ) ______________________

Business

( ) __________________________

Residence

SUBJECT OF COMPLAINT

Name: ____________________________ Person and/or Company

Address: ______________________________

________________________________________________________________________

________________________________________________________________________

Telephone: ( ) __________________________ Beeper: ( ) __________________________

License No.: __________________________ [If Known]

If the contractor is state licensed, you need to also file a complaint with the State of Florida Department of Business and Professional Regulation (DBPR). For information on the filing of complaints with DBPR, please call 305-470-5617 or 850-487-1395.

I am complaining in my capacity as:

✓ Homeowner
✓ Contractor
✓ Owner of Commercial Structure
✓ Other __________________________
1. Have you filed a complaint with any other agency?  Yes  No  (If so, please provide name of Agency)  

2. If necessary, are you willing to go to Criminal Court, and testify under oath in this case?  Yes  No  

**BACKGROUND DATA**

3. Was contract in writing?  Yes  No  If yes, enclose copy  

4. Contract Price:  $   Date on contract  

5. Job address:  

6. Contractor employees you had contact with.  Name:  
   Name:  
   Name:  

**CONTRACT INFORMATION**

7. Was the contract signed in your presence?  Yes  No  By whom:  

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  

8a. If yes, why?  

8b. Would you have hired this contractor if you thought he was unlicensed?  Yes  No  

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?  

12. If additional contracts/agreements were signed with the same or related contractors, please explain the circumstances?


13. 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. ____


14. Was work begun by your contractor? ☑ Yes ☐ No If so, what date? ________________
Describe the extent of work actually done by the contractor and the value of work done, if you know?


15. When was the last time the contractor performed work on the jobsite? ________________


16. Have you had discussion with him or his representative since then? ☑ Yes ☐ No If so, what was said?


17. 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. ________________


18. 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: ______
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 terminated? _______________

21. Would the contractor be allowed to return to finish work or do repairs?  ☒ Yes  ☐ No if so, 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, please list who received the payments, the date of the payments, and the amount paid and form of the payments (check, cash, or credit). Who were the checks made payable to? Please provide copies front and back of all checks. If cash was given, provide copies of all receipts. _______________

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).

25. Have you had to pay subcontractors or suppliers directly?  ☒ Yes  ☐ No  If yes, how much and why? _______________

26. Are there now unpaid bills owed to subcontractors or suppliers whom the contractor should have paid?  ☒ Yes  ☐ No If so, how much is owed? _______________

27. Did contractor sign any statements to the effect that all bills have been paid?  ☒ Yes  ☐ No If so, please provide a copy.
28. 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 any payments made based upon your reliance on said release? ____________________________________________

29. Have any suppliers, material person, subcontractors or anyone else advised you or actually placed liens on your property? ____________ If so, please list the name, address 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.)

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of this official duty shall be guilty of a misdemeanor of the second degree.

__________________________________________  __________________________
Signature                                           Date

__________________________________________
Print Name

STATE OF FLORIDA, COUNTY OF MIAMI-DADE:

Sworn to and subscribed before me this ___________ day of _________________ 20_________.

By ___________________________________________

Personally known________________________________

________________________________________________

Produced Identification____________________________

Type: ________________________________

Notary Public, State of Florida

(SEAL)