



Building Code Compliance Office  
140 West Flagler Street • Suite 1603  
Miami, Florida 33130-1563  
T 305-375-2901 F 305-375-2908

miamidade.gov

**MIAMI-DADE COUNTY CONTRACTOR COMPLAINT FORM**

Date: \_\_\_\_\_

Dear Citizen:

The Contractor Enforcement and Code Compliance Division of the Miami-Dade County Building Code Compliance Office 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 Code Compliance Division located at 140 West Flagler Street, Suite 1603, Miami, Florida 33130. 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, a Code Compliance Investigator will open a case file and a copy of your complaint will be sent to the contractor for response. Since the Code Compliance Investigator may have to contact you for additional information, please provide a telephone number where the Code Compliance Investigator can contact you during the day. When the investigation is complete and the Code Compliance Investigator has confirmed a violation of the contractor licensing laws, the Code Compliance 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.



- 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?

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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. \_\_\_\_\_

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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?

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

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

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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. \_\_\_\_\_

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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: \_\_\_\_\_

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- 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 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

Produced Identification \_\_\_\_\_

Type: \_\_\_\_\_

(SEAL)