

# CITY OF PANAMA CITY BEACH BUILDING DEPARTMENT

110 South Arnold Road  
Panama City Beach, FL 32413  
850-233-5054 ext. 2310

## CONTRACTOR COMPLAINT FORM

Your Name: _____	Contact (if other than yourself) Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Cell Phone: _____	Cell Phone: _____

### SUBJECT OF COMPLAINT

Contractor Name: _____	Company Name: _____
Address: _____ _____	State: _____
Telephone: _____	License # _____
	Business Phone: _____

Have you contacted subject concerning complaint?  Yes  No Date: \_\_\_\_\_

Do you have an attorney?  Yes  No If yes, please provide the following information:

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witnesses: (please give full name and address)

\_\_\_\_\_  
\_\_\_\_\_



In addition to your complete written statement, we are requiring documentation of your contractual relationship with the contractor and evidence supporting your allegations.

**It is important that you furnish copies of the following documents that are relevant to your complaint.**

1. Contract between you and the contractor
2. Proof of payment to contractor (cancelled check or a copy of the front and back), receipts, closing statement(s), etc.
3. Building permit, permit application, notice of code violation, certificate of occupancy if available.
4. Liens, judgments and notices to owner including copies of related work orders, subcontractors, and warranties.

**PLEASE ANSWER THE QUESTIONS BELOW.**

1. I am complaining in my capacity as:  
\_\_\_\_\_ Homeowner \_\_\_\_\_ Subcontractor \_\_\_\_\_ Supplier \_\_\_\_\_ Contractor  
\_\_\_\_\_ Building Dept \_\_\_\_\_ Owner of commercial structure worked on by contractor

2. Check the category that best describes the work the contractor did for you or you were involved:

\_\_\_\_ New Residential Dwelling \_\_\_\_ Residential Remodel/Addition  
\_\_\_\_ Addition to commercial structure \_\_\_\_ New commercial structure  
\_\_\_\_ Electrical work \_\_\_\_ Re-Roof or roof repair \_\_\_\_ New Residential/ Commercial Pool  
\_\_\_\_ HVAC work at residence \_\_\_\_ Plumbing work \_\_\_\_ Other, as follows:

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3. Please circle the letter(s) for the category that best describes your complaint:
  - a. Poor workmanship
  - b. Job finished, but contractor will not correct problems
  - c. Roof Leaks, contractor will not repair
  - d. Contractor failed to pay subcontractors or suppliers
  - e. Contractor taking unreasonably time to complete the job
  - f. Contractor abandoned job
  - g. Financial dishonesty or misconduct by contractor

**BASIC BACKGROUND INFORMATION**

1. Was contract in writing? \_\_\_\_\_ Yes \_\_\_\_\_ NO
2. Contract price \$ \_\_\_\_\_ Date on contract: \_\_\_\_\_
3. Approx. date: \_\_\_\_\_ Approx. date work ended: \_\_\_\_\_
4. Address of worksite: \_\_\_\_\_

These questions may relate to building code compliance by the contractor. Please answer these questions to the best of your knowledge.

1. Was a permit required from the Building Department?  Yes  No
2. Was a permit obtained from the Building Department?  Yes  No
3. What was the permit number? \_\_\_\_\_ Date issued: \_\_\_\_\_
4. Did the final inspection pass?  Yes  No
5. Who pulled the permit? \_\_\_\_\_
6. Were the inspections done in a timely manner?  Yes  No
7. Was a certificate of occupancy issued?  Yes  No
8. If certificate of occupancy was not issued, why?  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL QUESTIONNAIRE**

1. What was the total contract price? \$ \_\_\_\_\_
2. Total amount paid to contractor: \$ \_\_\_\_\_
3. What is the actual or estimated cost to finish the job if you hire another contractor (please attach estimates from licensed contractor)? \_\_\_\_\_
4. Have you had to pay a subcontractor (s) or suppliers directly?  Yes  No  
If so how much and why? \_\_\_\_\_
5. Are there now unpaid bills owed to subcontractors or suppliers which the contractor should have paid?  Yes  No
6. If yes, what is the total of all unpaid bills? \_\_\_\_\_
7. Did contractor sign any statements to the effect that all bills have been paid?  Yes  No
8. Have you fired the contractor?  Yes  No
9. Has the job been completed by you or a new contractor?  Yes  No

**WORKMANSHIP**

1. List the three (3) worst items that you feel are substandard and /or the contractor will not fix. Use a separate sheet of paper if needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has the contractor offered to make the repairs?  Yes  No
3. Has the contractor made attempts to make repairs?  Yes  No  
If yes, how many times? \_\_\_\_\_
4. Have you had any other licensed contractor, architect, or engineer inspect the work?  
 Yes  No ( If yes, please attach a copy of the report)

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 his official duty shall be guilty of a second degree misdemeanor.

Signature: \_\_\_\_\_

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