

**LEON COUNTY CONTRACTORS' LICENSING AND  
EXAMINATION BOARD**

**COMPLAINT FORM FOR CERTIFIED CONTRACTORS**

1. COMPLETE THE FORM AND SUBMIT TO:  
  
LEON COUNTY CONTRACTORS' LICENSING AND  
EXAMINATION BOARD  
435 NORTH MACOMB STREET, 2<sup>ND</sup> FLOOR  
TALLAHASSEE, FLORIDA 32301  
PHONE: 850-606-1300
2. ONCE THE FORM IS RECEIVED, A COPY OF THE COMPLAINT FORM  
WILL BE SENT TO THE CONTRACTOR.
3. THE BUILDING INSPECTOR IS NOTIFIED OF THE ALLEGED CODE  
VIOLATION(S) AND WILL CONTACT YOU TO SCHEDULE AN INSPECTION  
WITHIN ONE TO FOUR WEEKS.
4. IF THE MATTER IS NOT RESOLVED BETWEEN THE TWO PARTIES A  
PUBLIC HEARING CAN BE SCHEDULED FOR THE NEXT REGULAR BOARD  
MEETING OCCURRING 30 DAYS AFTER THE CONTRACTOR RECEIVES  
THE NOTICE OF HEARING.
5. PLEASE NOTIFY THE CONTRACTORS' LICENSING BOARD IMMEDIATELY  
IF ANY CHANGES OCCUR CONCERNING YOUR COMPLAINT.
6. IF THE MATTER IS RESOLVED, A WRITTEN NOTICE OF SATISFACTION  
IS REQUIRED TO CLOSE THIS CASE.

**THE CONTRACTORS' LICENSING AND EXAMINATION BOARD MEETS  
THE FIRST THURSDAY OF EACH MONTH AT THE RENAISSANCE  
BUILDING, 435 NORTH MACOMB STREET, 2<sup>ND</sup> FLOOR, IN THE  
CONFERENCE ROOM, AT 4:45 PM.**

**You will need to be present and give sworn testimony before the  
Board if a Hearing is scheduled.**

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COMPLAINT FORM FOR CERTIFIED CONTRACTORS**

PART I

Type or Print:

Contact (other than yourself)

Your Name: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Contractor Information:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

License Number: \_\_\_\_\_

Have you contacted subject Contractor concerning this complaint?    Yes            No

If Contractor was contacted:    Date contacted: \_\_\_\_\_

What has the contractor agreed to do to? \_\_\_\_\_

Witnesses: Please give full name, address, and phone numbers of anyone who has witnessed the alleged code violation(s).

**\*\*\*\*\*A copy of this complaint form will be sent to the subject of your complaint\*\*\*\*\***

The Leon County Contractors' Licensing and Examination Board has jurisdiction to hear the following complaints against Certified Contractors. Please check the applicable items below which you believe the contractor has violated. You must give FULL details for each item you check.

**PART II**

- ( ) Is the Contractor guilty of fraud? (Be specific) [5-478 (d)]
  
- ( ) Has the Contractor committed a building code violation within Leon County? (Be specific) [5-478(d)]
  
- ( ) Has the Contractor been found guilty, through the public hearing process in another county or municipality within the last 12 months, of fraud or a willful building code violation? (NOTE: The fraud or violation must be considered fraud or a violation if committed in Leon County.) (Give specifics, and provide a copy of the order of the other county or municipality.) [5-478(d)] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Comments:

Have you provided a copy of all bills, documents, records, correspondence, and contracts associated with this complaint? Label all documents and indicate which code violation it corresponds to. Code violation sections are indicated in brackets as [5-478 ( ) ( )]. Documents provided will become part of the record for this complaint and will not be returned.

**Florida Statues Section 837.06, False Official Statement: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, shall be guilty of a misdemeanor of the second degree.**

\_\_\_\_\_  
SIGNATURE (Required to file complaint)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (Required to file complaint)

\_\_\_\_\_  
DATE