

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Uniform Complaint Form Instructions

Pursuant to Section [455.225](#), Florida Statutes, a complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the Department, or of any rule adopted by the Department or a regulatory board in the Department, has occurred. The Department may investigate, and the Department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion.

Please provide all relevant documentation that supports your complaint with this form. No investigation of your complaint can begin until you provide all relevant information and documentation to the Department. Failure to provide this information may result in further requests for information and delay the investigation of your complaint.

Relevant documentation includes, but is not limited to, copies of the following, as applicable:

- Contracts/ Proposals
- Invoices
- Proof of Payment
- Advertisements
- Correspondence
- Authorization for Release of Patient Information Form (Vets)
- Community Association Manager (CAM) Meeting Minutes
- Management Contract (CAM)
- Covenants and By-laws (CAM)
- Building Permit (Electrical and Construction)
- Lien(s) (Electrical and Construction)

Please send legible copies of your supporting documents. We are unable to return original documents to you.

Should additional documentation be requested and not received by this Department within 30 days of the request, the file may be closed.

If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.

Pursuant to [Chapter 455](#), Florida Statutes, the complaint and all information obtained pursuant to the investigation by the Department are confidential and exempt from public records requests until 10 days after probable cause is found to exist, or until the subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. However, the exemption does not apply to actions against unlicensed persons or unless otherwise provided by law.

Investigations differ in complexity and duration, so providing a time of completion is not possible. We appreciate your cooperation and understanding in this matter.

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Please submit to the appropriate address on Page 9.

Any investigation or administrative proceeding brought by the Department against the subject of your complaint will rely upon the information you provide to the Department. All allegations and supporting documentation **MUST** be provided to the Department at this time.

COMPLAINANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Your Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		
Primary E-Mail Address				
Unlicensed Activity Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
COMPLAINT DESCRIPTION				

Attach additional sheets as necessary.

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number			Alternate Phone Number	

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number			Alternate Phone Number	

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
Division of Regulation/Compliance
Consumer Services
2601 Blair Stone Road
Tallahassee, FL 32399 – 0782**

**NOTE – This form must be submitted as
part of an entire packet.**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

WORK-SITE STREET ADDRESS			
Street Address			
City	State	Zip (+4 optional)	County

CONTRACTOR COMPLAINT QUESTIONS	
I am complaining in my capacity as a:	
<input type="checkbox"/> Homeowner <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier	<input type="checkbox"/> Building Department <input type="checkbox"/> Contractor <input type="checkbox"/> Owner of Commercial Structure <input type="checkbox"/> Other: _____
Select the category that best summarizes the work the contractor did for you or that you were involved in:	
<input type="checkbox"/> Built house <input type="checkbox"/> Remodeled house <input type="checkbox"/> Air-conditioning or heating work at house <input type="checkbox"/> Re-roofed or repaired part of the roof of a house <input type="checkbox"/> Built residential pool <input type="checkbox"/> Plumbing work	<input type="checkbox"/> Built addition to house <input type="checkbox"/> Built commercial structure <input type="checkbox"/> Remodeled or built addition to commercial structure <input type="checkbox"/> Commercial roof work <input type="checkbox"/> Electrical work <input type="checkbox"/> Other: _____
Please select the categories below that best describe your basic complaint:	
<input type="checkbox"/> Poor workmanship by contractor <input type="checkbox"/> Job finished, but contractor will not correct problems <input type="checkbox"/> Roof leaks; contractor will not repair <input type="checkbox"/> Contractor failed to pay subcontractors/suppliers <input type="checkbox"/> Contractor taking unreasonably long time to do the job <input type="checkbox"/> Contractor abandoned job <input type="checkbox"/> Financial dishonesty/misconduct by contractor	

FINANCIAL QUESTIONS	
1. Was your contract in writing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. What was your contract price?	
3. What was the contract execution date?	
4. What was the work begin date? _____ What was the work end date? _____	
5. What was the total amount paid to the contractor?	
6. Have you had to pay subcontractors or suppliers directly? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. If you have paid subcontractors or suppliers directly, how much and why?	
8. Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. What is the total of such unpaid bills?	
10. Have you filed civil suit against a contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you obtained a judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Have any liens been filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Did contractor sign any statements to the effect that all bills have been paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Have you fired the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Has the job now been completed by you or a new contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. What is the actual or estimated cost to finish the job if you hire another contractor?	

BUILDING CODE COMPLIANCE BY CONTRACTOR	
16. Was a permit required for the work that was to be completed by the contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. If required, was a building permit obtained from the building department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the name of the building department? _____	
Permit Number	Date Issued
18. Who pulled the permit?	
19. Was the permit obtained on time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Were any inspections missed or performed late? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. Did the site pass final inspection by the building department? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. If the site did not pass final inspection by the building department, explain why.	
23. Was a Certificate of Occupancy issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	

WORKMANSHIP QUESTIONS	
24. Has the contractor offered to make repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
25. Has the contractor made attempts to make repairs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times?	
26. Have you had any other licensed contractor, architect or engineer inspect the work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

ATTESTATION STATEMENT REQUIRES SIGNATURE OF APPLICANT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge. 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 misdemeanor of the second degree (Florida Statute 837.06).	
Sign Here: _____	Date: _____

Please mail the completed Uniform Complaint Form to the appropriate address below:

Board of Accountancy
240 N.W. 76th Drive, Suite A
Gainesville, Florida 32607

Division of Real Estate
400 Robinson Street
Orlando, Florida 32801

For the following professions:

Architecture & Interior Design
Asbestos Contractors and Consultants
Athlete Agent
Auctioneers
Barbers
Boxing, Kick Boxing and Mixed Martial Arts
Building Code Administrators & Inspectors
Child Labor
Community Association Managers and Firms
Construction Industry
Cosmetology
Electrical Contractors
Employee Leasing Companies
Farm Labor
Geologists
Harbor Pilots
Home Inspectors
Labor Organizations
Landscape Architecture
Mold-Related Services
Talent Agencies
Veterinary Medicine

Please mail the completed Uniform Complaint form

to: Department of Business and Professional
Regulation
Division of Regulation/Compliance -Consumer
Services
2601 Blair Stone Rd
Tallahassee, Florida 32399-0782