



**CONSTRUCTION INDUSTRY LICENSING BOARD (CILB)**  
**OF PALM BEACH COUNTY**  
**CODE COMPLIANCE DIVISION**  
**CONTRACTOR REGULATIONS SECTION**  
**2300 N JOG ROAD, SUITE 2W-61**  
**WEST PALM BEACH, FL 33411-2741**  
**Telephone: (561) 233-5525**

EMAIL: [PZB-INVESTIGATIONS@pbc.gov](mailto:PZB-INVESTIGATIONS@pbc.gov) WEBSITE: [www.pbcgov.com/pzb/contractors](http://www.pbcgov.com/pzb/contractors)

### Complaint/Referral against a Contractor



**All information provided is public record and is available for inspection by the public under the Florida Public Records Law. This includes all of the information you have included in this complaint and supporting documentation.**

Contact Information			
Name		Home Phone	
Address		City	State Zip
Mobile Phone		Work Phone	
Email			
Contractor Information			
Name		Company Name	
Address		City	State Zip
Phone		Fax	
License # Used		Contact Person	
Email			
Complaint/Referral Initiation			
<input type="checkbox"/> By Owner <input type="checkbox"/> By General Contractor Against Subcontractor <input type="checkbox"/> By Subcontractor Against General Contractor <input type="checkbox"/> By PBC Department/Division _____ <input type="checkbox"/> Complaint by a Government Entity _____ <input type="checkbox"/> Other			
Project Information			
Construction Site Owner Name		Construction Site Owner Phone	
Construction Site Owner Address		City	State Zip
Construction Site Physical Address		City	State Zip
Information on the work for which you contracted:			
Contract Date		Date Work Started	Date Work Ceased
Amount \$		Amount Paid on Contract \$	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit
Why did you choose this contractor?			
<input type="checkbox"/> Regular Customer <input type="checkbox"/> Door-to-Door Solicitation <input type="checkbox"/> Referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Other                          Please explain: _____			

<b>Is this project a:</b>	
<input type="checkbox"/> Residence <input type="checkbox"/> New Construction <input type="checkbox"/> Commercial Building <input type="checkbox"/> Public Utility <input type="checkbox"/> Other	
Please explain:	
<input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Other	
Please explain:	
<b>Was the contract:</b>	
<input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> New Home Purchase Agreement <input type="checkbox"/> Public Utility <input type="checkbox"/> Other	
Please explain:	
<b>Were there any change orders?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, were they:</b> <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Both	
<b>Is your complaint:</b>	
<input type="checkbox"/> Abandonment <input type="checkbox"/> Quality of Work <input type="checkbox"/> No permits <input type="checkbox"/> Other	
Please explain:	
<b>Was a permit obtained?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>If yes, permit pulled by:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> You <input type="checkbox"/> Salesperson <input type="checkbox"/> Public Utility <input type="checkbox"/> Unknown	
Permit #	Department
<b>Was a Notice of Commencement filed?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Who presented contract?</b>	
<input type="checkbox"/> Contractor <input type="checkbox"/> Salesperson <input type="checkbox"/> Other	
<b>Who was the contract presented to?</b>	
Name of person/Company:	
<b>Name:</b>	
<b>Does the contractor have employees or is a subcontractor?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>If yes, how many:</b>	
<b>Did you dismiss the contractor, cease and desist the contractor or terminate?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dismiss <input type="checkbox"/> Cease and Desist <input type="checkbox"/> Terminate	
<b>Was any work performed?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Did you receive a "Notice to Owner?"</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>If yes, by whom:</b>	
<b>Were any liens filed on this job?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**Did you file any claims or liens on contractor?**

Yes    No    Unknown

**Have you filed a complaint with State of Florida Department of Business and Professional Regulation?**

Yes    No    Unknown

**Are you attaching any documentation in support of your complaint?**

Yes    No

**Please list each documents (example: photos, contracts, etc.)**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



Please provide copies (front and back) of all paperwork related to your complaint, including copies of contracts and/or estimates, proof of payment\* and any other pertinent materials – including photographs. Please cross out all Social Security numbers and bank or credit card account numbers. If copies are not available, please indicate. **Do not send original documents**

*\*Proof of payment includes: (1) if payment was made by cash, a receipt reflecting payment; (2) if payment was made by check, a photocopy of the front and back of the negotiated check; (3) if payment was made by credit card, a photocopy of the credit card receipt or statement; (4) if a dispute was filed with your credit card company, the results of that dispute.*

An attempt will be made to assist you and the contractor in negotiating a resolution whenever possible. If this is not possible, other actions may be taken depending on the result of an investigation.

- If the contractor is licensed, he/she will be informed of this alleged complaint and will be asked to contact us.
- We are unable to direct an unlicensed person to complete or correct any project.

**We do not represent private citizens in court – nor can we collect money for you.** Please contact an attorney for advice on filing such action.

**Florida Statute §837.06 states:** *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.*

**Under penalty of perjury, I declare the facts contained herein are true, correct and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This complaint form must be notarized in order to be accepted for investigation. Please return this completed form with all necessary documentation to the division address on page 1 or e-mail to [PZB-INVESTIGATIONS@pbc.gov](mailto:PZB-INVESTIGATIONS@pbc.gov) .

**Notary Public**

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_  
*(name of person acknowledging)*

\_\_\_\_\_  
*(Signature of Notary Public-State of Florida)*

\_\_\_\_\_  
*(Print, Type, or Stamp Commissioned Name of Notary Public)*

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_