

MUNICIPAL DISCIPLINARY ACTION BOARD

UNIFORM COMPLAINT FORM

Please Return to: (Municipality)

Type or Print

Contact (Other than Yourself)

Your Name: _____

Contact Name: _____

Address: _____

Address: _____

Phone: () _____ () _____
Business Residence

Phone: () _____

Your Occupation: _____

SUBJECT OF COMPLAINT

Name: _____

Address: _____

Phone: () _____

Occupation: _____

City: _____

State: _____

Zip: _____

License #: (If Known): _____

Have you contacted subject concerning complaint

[] Yes [] No Date: _____

Private Attorney
(If Applicable): _____

Name

Address

() _____
Phone City State Zip

Witnesses: (Please give full name and address)

PLEASE SEE ATTACHED

COMPLAINT FORM (CONTRACTOR CASES)

If you are property owners and your complaint falls generally into one of the categories in question 2, we suggest that you not send us a lengthy written statement yet. Just write a very brief statement on the preceding page. Based on it and your answer below, our staff will send you specific Questionnaires applicable to your situation.

Please answer all questions below that you can. Do not just attach papers and say "see attachments". Return all this to _____ (City) Complaints Section. Sign and date at the end. If you have already filled out some other agency's complaint form, we apologize for the inconvenience, but ask you to please bear with us and comply with these instructions.

When returning this complaint form, please send us readable copies of the documents below that you have not already sent us:

1. Contract between you and contractor (We Must Have This).
2. Guarantee paperwork (Mandatory if guarantee involved).
3. Correspondence to/from contractor about your problem (Helpful to us).
4. Liens filled on your property (Helpful in financial problem cases).
5. Other papers you feel would be helpful to us.

1. I am complaining in my capacity as:

Homeowner Subcontractor Building Dept. Owner of commercial structure
Worked on by contractor

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

Build a house Build addition to house Remodel house Build commercial structure

Remodel or build addition to commercial structure Re-Roof entire house

Roof work, commercial building Re-Roof or repair part of the roof of house

Build a pool at home Air-conditioning or heating work at residence

Other as follows: _____

3. Please circle the letter(s) for the category that best describes your basic complaint:

- A. Poor workmanship by contractor.
- B. Job finished, but contractor will not correct problems.
- C. Roof leaks, contractor will not repair.
- D. Contractor failed to pay subcontractors/suppliers.
- E. Contractor taking unreasonably long to do job.
- F. Contractor abandoned job.
- G. Financial dishonest/misconduct by contractor.

BASIC BACK GROUND DATA

-
1. Was contract in writing? Yes No (If yes, send us a copy)
 2. Contract price: \$ _____ Date on contract: _____
 3. Name of contractor as shown on top of contract: _____
 4. Approximate date work began: _____ Approximate date work ended: _____
 5. Is the worksite located inside city limits? Yes No
 6. If yes, name of City: _____
What County is worksite in: _____
Street address of worksite: _____

You can usually get the answers requested below by phone from your local building department. The questions relate to building code compliance by the contractor.

Was a permit obtained from the building department? Yes No

If yes, Name of Building Department: _____

Permit No.: _____ Date Issued: _____

Final inspection passed? Yes No

Who pulled permit: _____

Certificate of occupancy issued? Yes No

COMPLAINANT SIGN HERE: _____

DATE: _____

MBOE Municipal Board of Examiners Inc. of Polk County