



Escambia County Building Inspections Division  
 3300 N. Pace Blvd., Suite 300  
 Pensacola, FL 32505  
 Telephone: (850) 595-3550 - Facsimile (850) 595-3401  
 On the Web: [www.myescambia.com](http://www.myescambia.com)

**COMPLAINT FORM**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

<input type="checkbox"/> Telephone/Voice Mail	<input type="checkbox"/> Voice Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Email
LICENSED CONTRACTOR COMPLAINT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
UNLICENSED CONTRACTOR COMPLAINT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

**COMPLAINANT INFORMATION**

YOUR NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 BUSINESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I am complaining in my capacity as: \_\_\_\_\_ Homeowner \_\_\_\_\_ Property Owner  
 \_\_\_\_\_ Realtor \_\_\_\_\_ Other \_\_\_\_\_

**SUBJECT OF COMPLAINT**

NAME: \_\_\_\_\_  
 d/b/a: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 CONTRACTOR LICENSE NO.(if known) \_\_\_\_\_

**SCOPE OF WORK PERFORMED**

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ROOFING
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER

LICENSING & INVESTIGATIONS

**DESCRIBE WORK PERFORMED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select the category(s) below that best describe your basic complaint:

- Poor workmanship
- Liens filed against property
- Job finished, will not correct problems
- Job abandoned, work partially completed
- Work not permitted or inspected
- Unlicensed contractor (wasn't licensed by State of Florida or Escambia County)

**IF YOUR COMPLAINT IS RELATED TO UNLICENSED ACTIVITY, PLEASE COMPLETE THE QUESTIONS BELOW.**

Please answer the following questions.

1. Have you filed a complaint with any other agency?  
 yes  no  
(If so, please provide name of the agency.) \_\_\_\_\_  
\_\_\_\_\_
2. If necessary, are you willing to go to criminal court and testify under oath in this case?  
 yes  no

**I AFFIRM THAT INFORMATION PROVIDED BY ME ABOVE IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. WHOSOEVER 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 (F.S. 837.08).**

\_\_\_\_\_  
COMPLAINANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name of Complainant