



Mississippi  
State Board of Contractors

JOHN M. SULLIVAN, II  
Executive Secretary

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## COMPLAINT FORM

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Miss. Code Ann. §73-59-13(2) provides that the Board shall investigate all charges filed with it and, upon finding reasonable cause to believe that the charges are not frivolous, unfounded or filed in bad faith, may, in its discretion, cause a hearing to be held at a time and place fixed by the Board regarding the charge. Please pay careful attention when completing this form. Include in your complaint everything you want to have considered by the Mississippi State Board of Contractors. We can assist you more efficiently if your form is completed correctly. Complete all sections and be as specific as possible. List the actual problems and the reason for your complaint. Additional pages may be attached if necessary. The complaint form must be signed. Unsigned complaint forms will not be considered by the Board. Note: Investigations by MSBOC does not guarantee restitution to complainants. If your primary interest is to gain restitution, you should consult an attorney and/or pursue litigation.

### COMPLAINANT

\_\_\_\_\_  
Last                      First                      Middle

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone #                      Alternate phone

#### Basis for Complaint:

##### RESIDENTIAL

- UNLICENSED RESIDENTIAL BUILDER  
 UNLICENSED RESIDENTIAL REMODELER  
 FAILURE TO PAY FOR GOODS OR SERVICES  
 GROSS NEGLIGENCE OR MISCONDUCT

### COMPLAINT AGAINST

\_\_\_\_\_  
Last                      First                      Middle

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone #                      Alternate Phone #

##### COMMERCIAL

- UNLICENSED COMMERCIAL CONTRACTOR  
 IRRESPONSIBLE  
 FAILURE TO PAY FOR GOODS OR SERVICES  
 FAILURE TO VERIFY COR  
 OTHER \_\_\_\_\_

**PROJECT TO BE INVESTIGATED:**

\_\_\_\_\_ Commercial: \_\_\_\_\_ Public \_\_\_\_\_ Private  
Physical address

\_\_\_\_\_ Residential: \_\_\_\_\_ New Home \_\_\_\_\_ Remodel/Repair  
City, State, Zip County

Briefly describe the work for which you contracted: \_\_\_\_\_

Contract date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_ Amount paid on contract: \_\_\_\_\_

Date work started: \_\_\_\_\_ Date work ceased: \_\_\_\_\_

Was contract: \_\_\_\_\_ Written \_\_\_\_\_ Oral

Was there any change orders? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, were they: \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_ Both

What attempts have you made to contact the contractor? \_\_\_\_\_ Unable to locate \_\_\_\_\_ Personal Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Letter

What was the response? \_\_\_\_\_

Have you obtained an estimate from another contractor to complete/correct job? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide a copy of the estimate.

Have you had the job corrected or completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide a detailed explanation supporting the basis for your complaint. Please attach COPIES of proposals, contracts, receipts, photos, etc. DO NOT SEND ORIGINALS. Use additional paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

By signing this complaint form, I hereby swear or affirm that the above statements are true, correct and complete to the best of my knowledge. I will assist in the investigation of this complaint and if necessary, attend hearings and testify to facts. I understand that failure to cooperate with the investigation may result in dismissal of the complaint.

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

Date Complaint Received \_\_\_\_\_ Complaint does not meet statutory requirements.

\_\_\_\_\_ Complaint requires further investigation:

\_\_\_\_\_ Investigator assigned

\_\_\_\_\_ Date assigned