

Mississippi State Board of Contractors



D. G. FOUNTAIN
Chairman
Jackson

GEORGE V. MARLER, SR.
Morton

GEORGE EDWARDS
Brandon

N.L. CARSON
Carthage

JAMES HUNTER
Jackson

MADISON H. SMITH
Tupelo

THOMAS KLINE
Fulton

RAY A. SIMS
Hattiesburg

DONALD HALLE
Gulfport

NORMAN BROOKS
Executive Secretary
Jackson

COMPLAINT FORM INSTRUCTIONS

Enclosed you will find a "Complaint Form" which must be completed in order to file a complaint with the Mississippi State Board of Contractors. **BEFORE** completing the same please understand the following:

1. The Board **does not** function as a "dispute resolution" board. The purpose of the Board is to effectively deal with issues effecting the licensure of Contractors. The Board can not possibly resolve contractual disputes between owners and contractors or between contractors and sub-contractors, etc.

2. Similarly, the Board is not a code enforcement agency. While faulty or deficient work, in certain circumstances, can result in a violation of the contractors licensing law, as a rule, code violations are not issues that can be addressed by the Board.

3. If you choose to file a complaint, the complaint **WILL BE SENT TO THE CONTRACTOR** against whom the complaint is made. The contractor will be given a chance to respond to the complaint. That response will in turn be sent to you.

If you have any questions, please feel free to contact us and we will be happy to be of assistance.

**OFFICE OF
MISSISSIPPI STATE BOARD OF CONTRACTORS**

**STANDING COMMITTEE
ON RESIDENTIAL BUILDERS AND REMODELERS**

P.O. Box 320279 · 215 Woodline Drive, Suite A
Jackson, Mississippi 39232-0279
Telephone (601) 354-6161, Fax (601) 354-6715

COMPLAINT FORM

ACTION DESIRED: Please check one or more of the following:

Repair Item

Replace item

CONSUMER INFORMATION:

Name _____

Age _____ Sex _____ Race _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Fax Number _____

E-mail Address _____

COMPANY INFORMATION: (complete information applying to your complaint)

Name _____

Business Phone _____

Address _____

City _____ State _____ Zip _____

Name of the person you dealt with _____

Amount Paid \$ _____

Contract Amount \$ _____

Date of your last contact with business _____

With whom did you speak? _____

What was the response? _____

Include copies of all correspondence with this complaint form

Have you retained a private attorney regarding the matter? Yes _____ No _____

Do you know of others with similar complaints against this company?

Name

Address

Phone

SUMMARY COMPLAINT

(Briefly describe your complaint. Include specific dates. Attach additional sheets if necessary.)

Attach **COPIES** of any relevant documents such as letters, contracts, warranties, bills, etc. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

AFFIDAVIT

By signing this complaint, I hereby swear or affirm that the above statements are true and correct to the best of my knowledge.

Signature

Date