

COMPLAINT FORM

NOTICE: INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED.
DO NOT SEND ORIGINALS -- DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.
PLEASE SEND COPIES OF ALL PAGES OF CONTRACTS (FRONT AND BACK) PROPOSALS, CANCELLED CHECKS (FRONT AND BACK), INVOICES, RECEIPTS, ADVERTISEMENTS, BUSINESS CARDS, CORRESPONDENCE, PERMITS, ETC.

COMPLETE THE FOLLOWING INFORMATION

NAME OF INDIVIDUAL FILING COMPLAINT:			CONTRACTOR NAME: (AS SHOWN ON CONTRACT/INVOICES)		
COMPANY NAME:			COMPANY NAME:		
ADDRESS			ADDRESS		LICENSE NO. USED, IF ANY
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE ()		EMAIL	PHONE ()		EMAIL

NATURE OF COMPLAINT

RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> UNLICENSED RESIDENTIAL CONSTRUCTION OR REMODELING <input type="checkbox"/> GROSS NEGLIGENCE OR MISCONDUCT <input type="checkbox"/> FAILURE TO PAY FOR GOODS OR SERVICES <input type="checkbox"/> LOANING A LICENSE TO AN UNLICENSED PERSON <input type="checkbox"/> ENGAGING IN WORK ON AN EXPIRED OR SUSPENDED LICENSE	<input type="checkbox"/> UNLICENSED COMMERCIAL CONSTRUCTION <input type="checkbox"/> BIDDING OR CONTRACTING WITHOUT A LICENSE <input type="checkbox"/> IRRESPONSIBLE ___ FAILURE TO PAY FOR GOODS OR SERVICES ___ FAILURE TO VERIFY LICENSE OF SUBCONTRACTOR ___ Other _____

PROJECT INFORMATION

PHYSICAL ADDRESS			CITY	STATE	ZIP
IS PROJECT A <input type="checkbox"/> RESIDENCE <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> OTHER			IS PROJECT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODEL		
CONTRACT DATE	AMOUNT OF CONTRACT	AMOUNT PAID ON CONTRACT	DATE WORK STARTED	DATE WORK CEASED	
WAS THE CONTRACT <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL IF WRITTEN, ATTACH A COPY OF THE CONTRACT.					
WERE THERE ANY CHANGE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WERE THE CHANGE ORDERS <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> BOTH IF WRITTEN, ATTACH COPIES.					
WHY DID YOU CHOOSE THIS CONTRACTOR? <input type="checkbox"/> REGULAR CUSTOMER <input type="checkbox"/> DOOR TO DOOR SOLICITATION <input type="checkbox"/> REFERRED BY SOMEONE <input type="checkbox"/> ADVERTISEMENT-PROVIDE COPY IF POSSIBLE.					
BUILDING PERMITS OBTAINED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OWNER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NOT REQUIRED (ATTACH A COPY IF AVAILABLE)			NAME OF BUILDING DEPARTMENT:		
WERE ANY INSPECTIONS PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM AND WHEN?					
WHAT ATTEMPTS HAVE BEEN MADE TO CONTACT THE CONTRACTOR? <input type="checkbox"/> UNABLE TO LOCATE <input type="checkbox"/> PERSONAL CONTACT <input type="checkbox"/> TELEPHONE <input type="checkbox"/> LETTER (ATTACH COPIES)					
HAVE YOU NOTIFIED THE CONTRACTOR IN WRITING OF THE ISSUES IN DISPUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES OF WRITTEN NOTICE.					
HAVE YOU OBTAINED AN ESTIMATE FROM ANOTHER CONTRACTOR TO CORRECT/COMPLETE THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH A COPY OF THE ESTIMATE.					
HAVE YOU HAD THE JOB CORRECTED OR COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES OF THE CONTRACT AND PROOF OF PAYMENT.					
WERE ANY LIENS FILED ON THIS JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH COPIES. AMOUNT OF LIEN: \$ PERSON WHO FILED:					

DESCRIPTION OF COMPLAINT

STATE YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NEEDED)

Large empty rectangular area for writing the complaint.

PLEASE SEND COPIES OF ALL PAPERS RELATED TO YOUR COMPLAINT

You **MUST** attach **COPIES** of all necessary supporting documents. For residential complaints, attach copies of all contracts, proposals, receipts, proofs of payment, permits, if in a permitted area, photos and/or home inspections. For commercial complaints, attach copies of all contracts, bids, or bid tabulation forms as well as receipts, statements, invoices and/or payments.

DO NOT SEND ORIGINALS.

If copies are not available, please explain.

The contractor will be informed of this alleged complaint and will be asked to respond.

The Mississippi State Board of Contractors cannot direct a contractor to complete or correct a project.

The Mississippi State Board of Contractors cannot represent private citizens in court or collect money for you. Please contact an attorney or your local court for advice on filing such an action.

By signing this complaint form, I declare under penalty of perjury that the information contained in this form is true, correct, and complete to the best of my knowledge. I will assist in the investigation or in the prosecution of the contractor and will if necessary, attend hearings and testify to facts. I understand that the failure to cooperate with the investigation may result in dismissal of the complaint. I further understand that the Mississippi State Board of Contractors is unable to represent private citizens in court or to collect money or to levy fines.

SIGN HERE

DATE