



Mississippi
State Board of Contractors

JOHN M. SULLIVAN, II
Executive Director

COMPLAINT FORM

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 pursuant to Miss. Code Ann. §73-59-13(2). The Board is also authorized to conduct thorough investigations of all applicants seeking renewal of their license and of all complaints filed with the Board concerning the performance of a contractor on public or private projects in excess of \$50,000.00 and fire protection system projects over \$5,000.00 public funds or \$10,000.00 private funds. Investigations also result in response to charges of failure to pay for goods or services, improper bids or acting irresponsibly. Completed investigations may result in a hearing held at a time and place fixed by the Board regarding the charges. 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

COMPLAINT AGAINST

Last First Middle

Last First Middle

Company Name

Company Name

Mailing Address

Mailing Address

City State Zip

City State Zip

Telephone # Alternate phone

Telephone # Alternate Phone #

Basis for Complaint:

RESIDENTIAL

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

COMMERCIAL

- UNLICENSED COMMERCIAL CONTRACTOR
- BIDDING WITHOUT A COR OR OUTSIDE CLASSIFICATION
- 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. Use additional paper if necessary.

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.

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