CONTRACTOR COMPLAINT FORM
Original notarized form must be submitted

111 N Front Street, Columbus, Ohio 43215

Attn: Secretary of the Board for:

☐ Skilled Trades Review Board (Mechanical, Electrical, Plumbing) ................. (614) 645-6340
☐ General and Home Improvement Contractors Board ........................................ (614) 645-6371
☐ Unlicensed or Unregistered Contractors; Building Compliance Section .......... (614) 645-1733

If you have questions, please contact the phone number for the above checked trade.

DATE: __________________________

ADDRESS OF SITE WHERE WORK WAS PERFORMED:

________________________________________________________________________

COMPLAINANT INFORMATION:

Name: ___________________________________________________________________

Address: __________________________________________________________________

Home Phone: __________________________ Business Phone: _______________________

EMail Address: __________________________

If you are an inspector with the Department of Building and Zoning Services, please indicate the date when you witnessed the work performed: ________________

PROPERTY OWNER INFORMATION (Complete if different than complainant):

Name: ___________________________________________________________________

Address: __________________________________________________________________

Business Phone: ___________ EMail Address: _________________________________

CONTRACTOR INFORMATION:

Name: ___________________________ License or Registration number: ______________

Name of Company: __________________________

Company Address: __________________________________________________________________

Business Phone: ___________ EMail Address: _________________________________
ADDITIONAL INFORMATION:

Were you informed by a representative of the company that they were licensed or registered to perform in the City of Columbus?  
☐ YES  ☐ NO

To your knowledge, did the contractor obtain the proper permit(s) for the scope of work completed?  ☐ YES  ☐ NO

Were you supplied with a written contract?  ☐ YES  ☐ NO  Was the contract signed by you?  ☐ YES  ☐ NO

What was the original date of the agreement or contract?  ________________________________

What date was the job initiated?  ________________________________ What date was the job completed?  ________________________________

Did anyone other than the contractor purchase any of the materials?  ☐ YES  ☐ NO  If yes, by whom:  ________________________________

WRITTEN COMPLAINT:

Please describe your complaint regarding the work completed and include copies of any documentary evidence to support your complaint. (i.e.: contract or agreement, permit forms, inspection reports, notes, front and backs of cancelled checks, etc.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The information supplied on this form is true to the best of my knowledge.

Signed:  ________________________________ Date:  ________________________________

Sworn to before me and subscribed to in my presence this  ______ day of  _____________ , in the year of  ______

Notary  ________________________________ My commission expires  ________________________________

Notary seal here:

For office use only:

Reviewed by:  ________________________________ Date:  ________________________________

The City of Columbus is an Equal Opportunity Employer