

CONTRACTOR COMPLAINT FORM

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433

Website: www.columbus.gov/bzs



DEPARTMENT OF BUILDING
AND ZONING SERVICES

Attn: Secretary of the Board for:

☐ Skilled Trades Review Board (Mechanical, Electrical, Plumbing, Sewer, Water) (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: _____ Email Address: _____

Home Address: _____

Home Phone Number: _____ Business Phone: _____

Property Owner Information (Complete if different than complainant):

Name: _____

Home Address: _____

Business Phone: _____ Email Address: _____

Contractor Information:

Name: _____ License or Registration Number: _____

Name of Company: _____

Company Address: _____

Business Phone: _____ Email Address: _____

Were you informed by a representative of the company that they were licensed or registered to perform in the City of Columbus?

Print/Type Name: _____ Date: _____

Signature of Applicant: _____

Sworn to before me and signed in my presence this _____ day of _____ in the year _____.

Notary Seal here

Signature of Notary Public or Building & Zoning Services Official

For office use only:

Reviewed By: _____ Date: _____