

## **CONTRACTOR COMPLAINT FORM**

Original notarized form must be submitted

DEPARTMENT OF BUILDING AND ZONING SERVICES

DEPARTMENT OF BUILDING 111 N Front Street, Columbus, Ohio 43215

Attn:	Secretary of the Board for:	
☐ Ge	illed Trades Review Board (Mechanical, Electrical, Plumbing)	
If you l	nave questions, please contact the phone number for the above checked trade.	
DATE:		
ADDRESS O	OF SITE WHERE WORK WAS PERFORMED:	
COMPLAIN	ANT INFORMATION:	
Name:		
Address:		
Home Phone:	Business Phone:	
EMail Address:		
	ne:EMail Address:	
CONTRACT	OR INFORMATION:	
Name:	License or Registration number:	
Name of Com	pany:	
Company Add	lress:	
Business Phoi	ne:EMail Address:	

## **ADDITIONAL INFORMATION:**

Were you informed by a representative of the company that they was YES NO	vere licensed or registered to perform in the City of Columbus?		
To your knowledge, did the contractor obtain the proper permit(s	s) for the scope of work completed? YES NO		
Were you supplied with a written contract? YES NO Was	s the contract signed by you? YES NO		
What was the original date of the agreement or contract?			
What date was the job initiated? What d	date was the job completed?		
Did anyone other than the contractor purchase any of the materials? TYES NO If yes, by whom:			
WRITTEN COMPLAINT: Please describe your complaint regarding the work completed and complaint. (i.e.: contract or agreement, permit forms, inspection	d include copies of any documentary evidence to support your reports, notes, front and backs of cancelled checks, etc.)		
The information supplied on this form is true to the best of my kn	nowledge.		
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:		