


Collier County
Growth Management Department
Operations & Regulatory Management Division

PRELIMINARY COMPLAINT FORM

Complainant's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

COMPLAINT INFORMATION:

Company Name: _____ License Number: _____

Contractor or Person in Charge: (If known) _____

Address: _____

Phone: _____ Date of Contract: _____

COMPLAINT DETAILS: (Attach additional sheets as necessary)

Include copies of all appropriate documents: Contracts, checks, liens, permits, etc...

Signature: _____

