



Contractor Licensing
2800 N. Horseshoe Dr.
Naples, FL 34104
Phone - 239-252-2431
Fax - 239-252-2469

PRELIMINARY COMPLAINT FORM

Please complete this form to the best of your abilities. Also include with this form any documents you would like to be reviewed as evidence for this case. This can include Contracts, Copies of Checks, Permits, Liens, etc.

Complainant's Name: _____ Date: _____

Home address: _____
Street City State Zip

Email: _____

Telephone: _____

COMPLAINT INFORMATION:

Address of Complaint: _____
Street City State Zip

Company Name: _____

Contractor/Person in Charge: _____ License #: _____

Telephone: _____ Date of Contract: _____

COMPLAINT DETAILS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

SIGNATURE: _____