

Do not Write in Shaded Area

For Office Use Only

REGISTRATION NUMBER: DATE RECEIVED: FILE NUMBER:

NAME OF CONTRACTOR:



City of Grove City
Contractor Complaint Form



I wish to initiate an investigation of the registered contractor named below. The registered contractor will be notified to expedite the resolution of this matter. All requests for investigations concerning workmanship and abandonment issues must be in writing.

TO HELP THE GROVE CITY CONTRACTOR BOARD OF REVIEW RESOLVE THIS MATTER, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE.

PERSON MAKING COMPLAINT COMPLAINT AGAINST

| | | | |
|--|------------------------|---|---------------------|
| Your Name (Last, First, Middle) | | Contractors Name (as shown on contract/invoice) | |
| Company Name (of registered contractor) | | Company Name: | Registration # |
| Address (Number) (Street) | | Address (Number) (Street) | |
| City | State | Zip Code | City State Zip Code |
| Daytime Phone (area code) | Home Phone (area code) | Phone Number (area code) | Person dealt with: |

PROJECT INFORMATION

| | | | |
|---|-------------------|----------------------------------|-------------------|
| <u>OWNER OF CONSTRUCTION SITE</u> | | <u>CONSTRUCTION SITE ADDRESS</u> | |
| Name: | | | |
| Address (number) (street) | | (Number) (Street) | |
| City | State | Zip Code | City Zip Phone() |
| Describe briefly the work for which you contracted: | | | Contract Date: |
| Date work started: | Date work ceased: | | |

Why did you chose this contractor? Regular customer Door to Door Solicitation Referral Advertisement
(Enclose copy of ad, if possible) Other

Briefly state your complaint: (if additional space is needed, please use the back of this form).

| | | | | | | |
|--|------------------|------------------|---|-------------|-----------|------|
| Is this project a: | Residence | New Construction | Commercial Building | Other | Describe: | |
| Is this project a: | Repair | Remodel | Addition | Other | | |
| Was contract: | Written | Oral | New Home Purchase Agreement | Other | | |
| Was there any change orders? | Yes | No | If yes, were they: | Written | Oral | Both |
| Is your complaint: | Abandonment | Workmanship | Other | | | |
| Building Permit obtained By: | Contractor | You | Salesperson | Do Not Know | | |
| Who presented the contract? | Contractor | Salesperson | Did the contractor have employees? | Yes | No | |
| Name: | | | Do Not Know | How Many? | | |
| Were employees, subcontractors, or material suppliers paid? | Yes | No | By Whom? | Do Not Know | | |
| Were any liens filed on this job? | Yes | No | Do Not Know | | | |
| What attempts have you made to contact the contractor? | Unable to locate | Personal Contact | Telephone | Letter | | |
| Have you obtained an estimate from another contractor to complete/correct job? | Yes | No | If yes, please provide name, address, phone | | | |

Please send copies of all papers related to your complaint. Attach copies of both sides of contracts, canceled checks and other pertinent materials.
DO NOT SEND ORIGINALS. If copies are not available, please explain.

PLEASE TURN OVER TO COMPLETE

Additional Information if needed:

The information contained in this form is true, correct, and complete to the best of my knowledge.

Signature _____ Date _____

STATE OF OHIO
COUNTY OF FRANKLIN, SS

Before me, a Notary Public in and for said county and state, personally appeared the above-named individual, who under penalty of perjury in violation of Section 2921.11 of the Revised Code, represented to me to be said person.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Grove City, Ohio, this _____ day of _____ 20__.

Notary Public