



**DEVELOPMENT SERVICES DEPARTMENT
Builders' Services Division
Licensing
840 W 11TH ST.
Panama City, Florida 32401**

UNIFORM COMPLAINT FORM

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____)_____ Cell/Other Phone:(____)_____

Your Occupation: _____

Contact Name (other than yourself): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____)_____ Cell/Other Phone:(____)_____

SUBJECT OF COMPLAINT

Contractors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone:(____)_____ License # _____

Occupation: _____

Have you contacted subject concerning complaint? () Yes () No

If "Yes", what is the date(s) contacted: _____

Contact was made through written communication ()

Contact was made by phone () _____ Contact was made by email ()

Phone number: (____)_____ Email address:_____

If contact was made through written communication, please provide copies of written communication sent and received. If contact was by text messages, please provide screen shots of the text communication. If contact was by email, please provide copies of the email communication.

Were there witnesses to your complaint? If yes, please provide the witness full name, address, and phone number or email address:

