

CONTRACTOR COMPLAINT FORM

Original notarized form must be submitted

DEPARTMENT OF BUILDING
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215

Attn: Secretary of the Board for:

- Skilled Trades Review Board (Mechanical, Electrical, Plumbing) (614) 645-6340
- General and Home Improvement Contractors Board (614) 645-6371
- Unlicensed or Unregistered Contractors; Building Compliance Section (614) 645-1733

If you have questions, please contact the phone number for the above checked trade.

DATE: _____

ADDRESS OF SITE WHERE WORK WAS PERFORMED:

COMPLAINANT INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____

If you are an inspector with the Department of Building and Zoning Services, please indicate the date when you witnessed the work performed: _____

PROPERTY OWNER INFORMATION (Complete if different than complainant):

Name: _____

Address: _____

Business Phone: _____ E-Mail Address: _____

CONTRACTOR INFORMATION:

Name: _____ License or Registration number: _____

Name of Company: _____

Company Address: _____

Business Phone: _____ E-Mail Address: _____

