

PRELIMINARY COMPLAINT FORM

Please complete this form to the best of your ability. Include any documents you would like to be reviewed as evidence for this case, such as contracts, copies of checks, permits, liens, etc. Please email completed forms to ContractorsLicensing@colliercountyfl.gov.

Date:				
Complainant's Name:				
Home Address:	Street	City	State	Zin
Email:	Sireet	City	State	Zip
Telephone:				
COMPLAINT INFORMATION				
Company Name:				
Company Address:				
	Street	City	State	Zip
Contractor/Person in Charge:		License #:		
Telephone:		Date of Contrac	:t:	
COMPLAINT DETAILS (attach additional sheets if necessary)				
Location of Complaint:	,			
	Street	City	State	Zip

Signature:

Contractor Licensing – Preliminary Complaint Form Rev. 12/2021