

# CITY OF MARCO ISLAND

## Preliminary Complaint Form

City of Marco Island - Building Services  
1310 San Marco Road Suite B  
Marco Island FL. 34145  
Desk: 239.389.5059

C/O Inspector Reynolds



Complete form and return to Building Services

**The City of Marco Island does not accept anonymous complaints. Failure to provide accurate contact information shall result in the complaint being closed without investigation.**

### 1 Contact Information: Required

Complainant:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2 Location of complaint

Same as above:

Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

### 3 Subject of Complaint

Name : \_\_\_\_\_

Company : \_\_\_\_\_

License # : \_\_\_\_\_

Address : \_\_\_\_\_

Contact : \_\_\_\_\_

### 4 Complaint Type

Unlicensed  Misconduct  Code Violation  Fraud

Inspection  Theft  Question  Other

### 5 Permit

### 6 Departmental Disclosure

Please be advised that any investigation that is initiated and finds a violation of, but not limited to, Florida Statute Chapter 489 shall then be referred to Collier County Contractor Licensing and the Department of Business and Professional Regulation. If you wish to make a complaint directly to one of these named entities, please contact:

Collier County Contractor Licensing

Phone 239-252-2431

Email: [ContractorsLicensing@colliercountyfl.gov](mailto:ContractorsLicensing@colliercountyfl.gov)

Department of Business and Professional Regulation

Phone: 850-487-1395

Email: [ULA@myfloridalicense.com](mailto:ULA@myfloridalicense.com)

### 7 Documentation

Provide documentation along with your complaint.

- Contract
- Payments made (Case, check, other)
- Correspondence (letter, email, other)
- Additional documentation not listed

### 8 Additional Contacts / Information (N / A if not applicable)

Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Address : \_\_\_\_\_

Relation : \_\_\_\_\_

Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Address : \_\_\_\_\_

Relation : \_\_\_\_\_

Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Address : \_\_\_\_\_

Relation : \_\_\_\_\_

Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Address : \_\_\_\_\_

Relation : \_\_\_\_\_

I, \_\_\_\_\_, swear and affirm that the statement above is accurate and true to the best of my knowledge.

(Sign here) \_\_\_\_\_

**SUBMIT DOCUMENT TO [JREYNOLDS@CITYOFMARCOISLAND.COM](mailto:JREYNOLDS@CITYOFMARCOISLAND.COM)**

Date: \_\_\_\_\_

| OFFICE USE ONLY |  |   |  |
|-----------------|--|---|--|
| 1               | Does incident occur during a State of Emergency? | 2 | Has complainant sustained financial harm?  |
| 3               | Does Subject have previous complaints?           | 4 | Does form meet standard for investigation? |
| 5               | Date Received:                                   | 6 | Documents received?                        |
| 7               | Notes:   |   |  |