

Purpose: To provide guidance on how to file a complaint against a contractor on CSS.

- 1. Go to **Citizen Self Service** Site.
- 2. <u>Register</u>- To register on CSS the user can click on the **Login or Register** box and select Register. This will bring up a page that requires an email address to create an account.



3. Use one of the following options to **<u>Register</u>** or **Log In:**

Sign in	to community access services.
G	Sign in with Google
Ú	Sign in with Apple
	Sign in with Microsoft
G	Sign in with Facebook
	OR
Email add	ress
Password	
Remem	nber me
	Sign in
Forgot pass	word? Unlock account? Help
Don't have	an account? Sign up

Note: If registering for the first time, to proceed with enrollment, the user must click the link in the confirmation email which will be sent to the email the user provides at registration.



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4. Once logged in, click on the **Service Request** button on either the top header bar in black or the shortcut on the homepage.



5. The **Service Request Access** Page opens up. Click on the **Having and issue? Create a New Request** button.





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6. Enter **Contractor Complaint Affidavit** as the request type.

Make a request	Portal Home
Enter a request type * Contractor Complaint Affidavit	

7. Select the **location** of the Complaint.

Make a request	Portal Home
Enter a request type * Contractor Complaint Affidavit	
SELECT A LOCATION	
Search for a location using the map below	
3000 Curtis King Blvd, Fort Pierce, FL, 34946, USA	Clear Location
3000 Curtis King Blvd, Fort Pierce, F Q ing Blvd	
Address 3000 Curtis King Blvd, Fort Pierce, FL, 34946, USA	
Latitude 27.488339020632367	
Longitude -80.36593499610477	

---- Go to the next page for the following step. ----



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8. Enter the **Request Details**. Name and address of complainant is public record and can be accessed by the public via a <u>Public Records Request</u>.

When complete **Click Submit**.

Complainant Address * 2300 Virginia Ave		Complainant Date of Birth 5/5/1960		Ē
icense Number		Company Name: * We Do Bathrooms for Che	ар	
icense Holder Name * John Smith		Address:		
Phone Number:		I have paid: * 10000		
o (person's or company's name): *		By: (Check, Money Order, Other) *		
If payment type is other, please sp	ecify:	Clearly and in detail state y	our complaint	_
I first learned of the above-named company through * Facebook		In order to settle this complaint, * I would like a refund or the	work completed.	
I have contacted the above-mentioned * Yes		Dates Contacted * 04/06/2022		
Is a Private Attorney involved? * No		The following documents are include Contract, Facebook Ad, Pic	led: * tures	-
Attached hereto and made part hereof				-
Drag and drop file to upload Or select a file				
ENTER CONTACT INFORMATION				
Contact information will only be vis	sible by agency staff.		Clear C	ontact
first name *	Last name * EnerGov			
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9. Once Submitted a **Request #** pops up. Keep this number for your records.

Service Requ	est Access St. Lucie County	 沟	S
	Clear Contact First name * SLC Phone number Crag and drop file to upl Crag and drop file to upl		
	Cancel Submit		