Robert Bentley
GOVERNOR

Fitzgerald Washington
COMMISSIONER

STATE OF ALABAMA

DEPARTMENT OF LABOR

INSPECTION DIVISION BOILERS/ELEVATORS COMPLAINT FORM

Compliant received by Mail [ ] Phone [ ] Walk-In [ ]

1. Person Making Complaint: _____
Address: _____
City, State, Zip Code: _____
Day Phone: (_____) _____ Evening Phone: (_____)_____

2. What is the nature of your complaint? _____
Address: _____

City, State, Zip Code: _____
Day Phone: (_____) _____ Evening Phone: (_____) _____

3. Please summarize the details of your complaint as clearly and completely as possible. Include dates and any means of corroboration. Attach additional sheets if needed.

_____
_____
_____
_____
_____
_____
_____
_____

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

_____

Signature (Must be notarized by a Notary Public)

_____

Received by: _____ Date
(office use)

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649 MONROE STREET MONTGOMERY, ALABAMA 36131