



OFFICE OF THE GOVERNOR

DEPARTMENT OF LABOR

KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF LABOR

FITZGERALD WASHINGTON
SECRETARY OF LABOR

INSPECTION DIVISION ELEVATORS/BOILERS
COMPLAINT FORM

Complaint received by Mail [] Email [] Phone [] In Person []

Person making complaint: _____

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ Email _____

What is the nature of your complaint? _____

Address of complaint: _____

City, State, Zip Code: _____

Phone: (____) _____ Email _____

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 witnessed by Notary Public) _____

Subscribed and sworn to, before me this date: _____

State/County: _____ Commission Expires: _____

Notary Signature: _____

Received by: _____ Date: _____

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Attachment (a)