



Jim Bennett, Commissioner

COMPLAINT FORM

Elevator/Boiler Safety Division
Ralph P. Pate (334) 242-3066

Child Labor Division
Robin Solitro (334) 353-1761

BLS/OSHA Division
Jackie Tucker (334) 242-3461

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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