Complaint # _____
C #: _____
R #: _____
UCF

Uniform Construction Code (UCC)

COMPLAINT FORM

Please type or print all requested information clearly. Note that all of the information on this form may be subject to public disclosure by way of a court order.

COMPLAINT FILED BY:		COMPLAINT FILED AGAINST:	
Name:		Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Phone:		Title:	
Fax :		Registration #:	
E-mail:		Certification#:	
Date:		Employer:	
		Address:	
		City:	
		State:	
		Zip Code:	

Please provide the following information about anyone who was a witness to the matter raised in your complaint regarding the named code official.

Name:	
Address:	
City:	
State:	
Zip Code:	
Phone:	

Please provide the following information regarding the complaint you are filing:

Date of Incident: _____

Location of Incident (Building Name or Site): _____

Building Street Address: _____

City: _____ State: _____ Zip Code: _____

Political Subdivision Name: _____ County: _____

Complaint # _____
C #: _____
R #: _____
UCF

Please describe in detail the incident and why and how you believe the named code official has violated the requirements of the Uniform Construction Code. If more space is needed, please attach additional 8 ½" x 11" pages.

Please describe any actions you have taken to resolve this matter prior to contacting the Department of Labor & Industry. If more space is needed, please attach additional 8 ½" x 11" pages.