

ELEVATOR CONSUMER COMPLIANT FORM**SECTION 1 – LICENSEE INFORMATION**

Date:

License Type:

 Registered Elevator Company Elevator

EBL/BL :

Serial ID#:

 Elevator Inspector

License Number: (if known)

CC/QEI:

Name:

Address:

City:

County:

State:

Zip Code:

Phone Number: ()

Email Address:

SECTION 2 – COMPLAINANT INFORMATION

First Name:

Last Name:

Organization Name: (if representing an organization, please provide the name of the organization)

CONTACT INFORMATION

Business Phone Number:

Alternate Phone Number:

E-mail Address:

Does the Complainant want to be contacted? Yes No**MAILING ADDRESS**

Street Address or P.O. Box:

City:

State:

Zip Code:

County:

SECTION 3 – DETAILS OF THE COMPLAINTPlease provide any additional comments on an addendum. If addendum is used, please check here .**OFFICE USE ONLY**

Date Received:

CMB Inspector Name:

CC: