

Complaint #: _____
C #: _____

UCC CODE OFFICIAL COMPLAINT FORM

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 of Code Official: _____	
Address: _____		Address: _____	
City: _____		City: _____	
State: _____		State: _____	
Zip Code: _____		Zip Code: _____	
Phone: _____		Title: _____	
Fax: _____		Certification #: _____	
E-mail: _____		Employer: _____	
Date: _____		Address: _____	
Signature: _____		City: _____	
(REQUIRED)		State: _____	
		Zip Code: _____	

Provide the following information regarding the building or structure that is the subject of the complaint you are filing:

Check which of the following applies: 1-or-2-family residence Other building or structure

Building Name or Site (if other than a residence): _____

Building Street Address: _____

City: _____ County: _____ Zip Code: _____

Political Subdivision Name: _____

Complaint Allegations: State as specifically as possible the allegations you are making against the code official named above. Do not merely indicate "See attachments", expecting that the Department will be able to determine the substance of your allegations by reviewing any attachments. However, you may attach information that will substantiate your allegations. If more space is needed, attach additional 8-1/2" x 11" pages.

Allegations #1: _____

Allegations #2:

Allegations #3:

Allegations #4:

Allegations #5:

Allegations #6:

Allegations #7:

Allegations #8:

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 8-1/2" x 11" pages.

Mail this complaint form to:

Department of Labor and Industry
UCC Inspection Division
651 Boas Street, Room 1624
Harrisburg, PA 17121-0750

Please direct any questions to (717) 787-1291 or to jecole@pa.gov.

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | UCC Inspection Division
651 Boas Street | Room 1600 | Harrisburg, PA 17121-0750 | 717.787.3806 options 1, 6 | Fax 717.783.5002 | www.dli.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*