

Complaint #: _____
C #: _____

## UCC 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: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____ Date: _____  Signature: _____ (REQUIRED)	Name: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ Title: _____ Certification #: _____ Employer: _____ Address: _____ _____ City: _____ 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 #1:**

**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.**