



STATE OF IOWA  
ELECTRICAL EXAMINING BOARD  
COMPLAINT FORM

Please mail to:  
Electrical Examining Board  
6200 Park Avenue, Suite 100  
Des Moines, Iowa 50321

Complaint # \_\_\_\_\_  
(for office use only)

Please Print or Type                      PERSON REGISTERING COMPLAINT                      Provide all information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
( )

Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
( )

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

COMPLAINT REGISTERED AGAINST

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
( )

Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
( )

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DETAILS OF COMPLAINT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if needed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date