Iowa Plumbing and Mechanical Systems Board
COMPLAINT FORM

Please reply to:
Iowa Dept of Inspections, Appeals & Licensing
Bureau of Environmental Health & Contractor - PMSB
6200 Park Ave Ste 100,
Des Moines, IA 50321
Form can be returned via mail or email pmsb@dia.iowa.gov

Complaint #

Please Print or Type	**PERSON REGISTERING COMPLAINT**		**Provide all information**
Name:		Home Phone:	
Address:		Business Phone:	
City:	State:	County:	Zip Code:

COMPLAINT REGISTERED AGAINST			
Name:		Home Phone:	
Address:		Business Phone:	
City:	State:	County:	Zip Code:

DETAILS OF COMPLAINT

1. Have you complained to the individual to whom this complaint is registered against?
Yes (☐) No (☐)

When:_____

How: (☐) Telephone (☐) Letter
(☐) Other (please specify)

_____

_____

2. Did the individual respond? Yes (☐) No (☐)
Action taken:_____

3. Have you complained to any other organization?
Yes (☐) No (☐)

Whom:_____

When:_____

How: (☐) Telephone (☐) Letter
(☐) Other (please specify)

_____

_____

4. Did they respond? Yes (☐) No (☐)

Action taken:_____

5. Briefly state your complaint.

(Use reverse side if necessary)

Would you be willing to testify in an administrative hearing regarding this matter? Yes (☐) No (☐)
I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

Signature:_____ Date:_____

PLEASE ATTACH COPIES OF RELATED DOCUMENTS. **DO NOT SEND ORIGINALS**