

## **Department of Public Safety**

Stephan K. Bayens Commissioner

## STATE OF IOWA IOWA ELECTRICAL EXAMINING BOARD COMPLAINT FORM

Please mail to: State Fire Marshal Division Electrical Bureau 215 East 7th Street Des Moines, Iowa 50319			Complaint # (for office use only)
Please Print or Type	PERSON REGISTERING COMPLAINT  Street Address  State County  COMPLAINT REGISTERED AGA  Street Address  State County		Provide all information
Name:			Home Phone:
Address:	Street Address		Business Phone:
City	State	County	Zip Code:
	(	COMPLAINT REGISTERED AG	GAINST
Name:			Home Phone:
Address:	Street Address		Business Phone:
City	State	County	Zip Code:
		DETAILS OF COMPLAIN	IT
		(Attach a	additional pages if needed)
(Signature)			Date

 $\underline{\mathsf{ELECTRICAL}\ \mathsf{EXAMINING}\ \mathsf{BOARD}\bullet 215\ \mathsf{EAST}\ \mathsf{7TH}\ \mathsf{STREET}\bullet \mathsf{DES}\ \mathsf{MOINES}, \mathsf{IOWA}\ 50319\bullet \mathsf{Phone}\ (515)\ 725-6147\bullet \mathsf{Fax}\ (515)\ 725-6151}$ 

http://iowaelectrical.gov