

C #: _____
R #: _____
Date: _____

UCT

Uniform Construction Code (UCC)

COMPLAINT FORM

Please 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:	_____
Address:	_____	Address:	_____
	_____		_____
City:	_____	City:	_____
State:	_____	State:	_____
Zip Code:	_____	Zip Code:	_____
Phone:	_____	Title:	_____
Fax :	_____	Registration #:	_____
E-mail:	_____	Certification#:	_____
Date:	_____	Employer:	_____
		Address:	_____

		City:	_____
		State:	_____
		Zip Code:	_____

Please provide the following information about anyone who was a witness to the matter raised in your complaint regarding the named code official.

Name:	_____
Address:	_____

City:	_____
State:	_____
Zip Code:	_____
Phone:	_____

Please provide the following information regarding the complaint you are filing:

Date of Incident:	_____		
Location of Incident (Building Name or Site):	_____		
Building Street Address:	_____		
City:	State:	Zip Code:	_____
Political Subdivision Name:	County: _____		

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Please describe in detail the incident and why and how you believe the named code official has violated the requirements of the Uniform Construction Code. If more space is needed, please attach additional 8 1/2" x 11" pages.

Please describe any actions you have taken to resolve this matter prior to contacting the Department of Labor and Industry. If more space is needed, please attach additional 8 1/2" x 11" pages.