**Office of the Illinois State Fire Marshal**
**Division of Elevator Safety**
**James R. Thompson Center**
**100 West Randolph Street, Suite 4-600**
**Chicago, Illinois 60601**
**312-814-1325**
**Fax 312-814-3459**

# COMPLAINT FORM

Note: The Elevator Safety Act States: Any person may make a request for an investigation into an alleged violation of this Act by giving notice to the Administrator of such violation or danger. The notice shall be in writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the person making the request. Upon the request of any person signing the notice, the person's name shall not appear on any copy of the notice or any record published, released, or made available.

Please complete the form below and mail or fax to Mr. Robert Capuani, Director, Elevator Safety Division, at the address shown above.

DATE: _____

COMPLAINANT NAME: _____

COMPLAINANT PHONE NO.: _____

CONVEYANCE LOCATION (Address,Village/City/Town): _____

_____

DESCRIPTION OF COMPLAINT: _____

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Complainant Signature:

11/6/08