



Office of the Illinois State Fire Marshal  
 Division of Elevator Safety  
 555 West Monroe Street, Suite 1300-N  
 Chicago, Illinois 60661  
 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. John P. Andersen, 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: