



**DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS ENFORCEMENT  
ELECTRICIAN CERTIFICATION UNIT  
ATTN: ECU SUPERVISOR  
1515 CLAY ST., STE 401  
OAKLAND, CA 94612  
ECUINFO@DIR.CA.GOV**

**ELECTRICIAN CERTIFICATION COMPLAINT REFERRAL FORM (LABOR CODE 108.2)**

COMPLAINANT				C-10 CONTRACTOR INFORMATION					
Name				Contractor Name		Prime	<input type="checkbox"/>	Sub	<input type="checkbox"/>
Agency or Company				DBA					
Address				Address					
City	County	State	Zip Code	City	County	State	Zip Code		
Phone		E-Mail		License No.	Employees? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>
						If Yes, How Many			
PROJECT INFORMATION (if available)									
Owner of Construction Site/Awarding Body				Project Street Address					
Street Address				City		State	Zip Code		
City	State	Zip Code	Type of Work						
			Public Works	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Residential	<input type="checkbox"/>	
Phone:									
Nature of Referral: (LC 108.2):									
Uncertified Electrician <input type="checkbox"/>				Lack of Supervision <input type="checkbox"/>					
Other:				Apprentice <input type="checkbox"/>		Electrician Trainee <input type="checkbox"/>			
Comments:									

**NON-CERTIFIED EMPLOYEE(S) INFORMATION (Please list additional names of employees as an attachment)**

EMPLOYEE NAME:		
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	

FOR OFFICE USE ONLY				
Complaint No.	Date Received	Special Project	ER Initials	Date Assigned
Position	Date Closed	License No.	Sections Violated	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_