

State of California  
Department of Industrial Relations  
Division of Occupational Safety and Health  
Elevator Certification Section  
**Complaint Form (Confidential)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complainant: \_\_\_\_\_

Unit Location/Location of infraction: \_\_\_\_\_

Contractor(s) involved: \_\_\_\_\_

CSLB #: \_\_\_\_\_ Superintendent's name: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Description of infraction (Check all that apply):**

Remote Piping      Demolition of Conveyance(s)      working above license      non-certified workers

**If none of the above, or if you can provide additional information, please use the space below, and attach additional sheets as needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email of complainant: \_\_\_\_\_

Date/Time Complaint relayed to ASE investigating incident: \_\_\_\_\_

Labor Code 6309 States your name shall be kept confidential **unless you request otherwise.**

**Would you like your name to be kept confidential?**      Yes: \_\_\_ No: \_\_\_

To your knowledge, has this complaint been filed with any other government agency?      Yes: \_\_\_ No: \_\_\_

**Field Sheet Pulled?** Yes: \_\_\_ No: \_\_\_

Assigned to: \_\_\_\_\_

Call Received by: \_\_\_\_\_

Complaints can be sent to:

**L J Dolin**

**Associate Safety Engineer**

**Certification Unit Lead**

[LDolin@dir.ca.gov](mailto:LDolin@dir.ca.gov)

**2424 Arden Way Ste. 485**

**Sacramento, CA 95825**

**(916) 263-3402**

**Photos and appropriate evidence is encouraged. Please attach any and all evidence to this complaint form and send together to the address above.**