Terry E. Branstad
Governor
Kim Reynolds
Lt. Governor

Larry L. Noble
Commissioner
Barb Mentzer
Board Chairperson

STATE OF IOWA
IOWA ELECTRICAL EXAMINING BOARD
COMPLAINT FORM

Please mail to:
Electrical Examining Board
215 East 7th Street
Des Moines, Iowa 50319

Complaint #_____
(for office use only)

Please Print or Type — PERSON REGISTERING COMPLAINT — Provide all information

Name: _____ Home Phone: (___)_____

Address: Street Address _____ Business Phone: (___)_____

City _____ State _____ County _____ Zip Code: _____

COMPLAINT REGISTERED AGAINST (Licensed Programs)

Name: _____ Home Phone: (___)_____

Address: Street Address _____ Business Phone: (___)_____

City _____ State _____ County _____ Zip Code: _____

DETAILS OF COMPLAINT

_____

_____

_____

_____

_____

_____

_____

(Attach additional pages if needed)

_____ _____
(Signature) Date