

Terry E. Branstad
Governor
Kim Reynolds
Lt. Governor



Department of Public Safety

Roxann M. Ryan
Commissioner

STATE OF IOWA
IOWA ELECTRICAL EXAMINING BOARD
COMPLAINT FORM

Please mail to:
State Fire Marshal Division
Electrical Bureau
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

Name: _____ Home Phone: _____
Address: _____ Street Address _____ Business Phone: _____
City _____ State _____ County _____ Zip Code: _____

DETAILS OF COMPLAINT

(Attach additional pages if needed)

(Signature)

Date