



**MIAMI-DADE COUNTY**  
**REGISTRATION SERVICES DIVISION**  
**OFFICE of ELEVATOR SAFETY**  
 201 West Flagler Street  
 Miami, FL 33130-1510  
 Ph: 305.375.1577  
 Fax: 305.372.6367

FOR OFFICE USE ONLY
Complaint #
Date Received

SECTION 1 – LICENSEE INFORMATION				
License Type: <input type="checkbox"/> Elevator <input type="checkbox"/> Registered Elevator Company <input type="checkbox"/> Elevator Inspector				
Name				
Address				
City		County		Zip Code
Business Phone			License Number (if known)	
SECTION 2 – COMPLAINANT INFORMATION				
Last Name	First	Middle	Title	Suffix
Organization Name (if representing an organization, please provide the name of the organization)				
CONTACT INFORMATION				
Primary Business Phone Number			Primary Home Phone Number	
Primary E-Mail Address			Alternate Phone Number or Fax Number	
Does the Complainant want to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	Country
SECTION 3 – DETAILS OF THE COMPLAINT				
Please provide any additional comments on an addendum. If addendum is used, please check here <input type="checkbox"/> .				