



MIAMI-DADE COUNTY
FACILITIES & INFRASTRUCTURE MANAGEMENT DIVISION
OFFICE OF ELEVATOR SAFETY
 201 West Flagler Street
 Miami, Florida 33130-1510
 Ph: 305.375.1577
 Fax: 305.372.6367

| |
|---------------------|
| FOR OFFICE USE ONLY |
| Complaint # |
| Date Received |

Consumer Complaint Form

| | | | | |
|--|-------|--------|--------------------------------------|----------|
| 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 | | | | |
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| Please provide any additional comments on an addendum. If addendum is used, please check here <input type="checkbox"/> . | | | | |