Miami-Dade County Department of Regulatory and Economic Resources
Office Of Elevator Safety
11805 S.W. 26 Street, Suite 230
Miami, Florida 33175-2474
T 305-375-1577 F 305-372-6367
http://www.miamidade.gov

FOR OFFICE USE ONLY
Complaint #
Date Received

Consumer Complaint Form

SECTION 1 – LICENSEE INFORMATION		
License Type: ☐ Elevator ☐ Registered Elevator Company ☐ 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? ☐ Yes ☐ 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 ☐.