



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
ELEVATOR CONTRACTOR COMPLAINT FORM

Send to: Office of Public Safety and Inspections, Elevator Division,
One Federal Street, Suite 600, Boston, MA 02110

- *To file a complaint against a Registered Elevator Contractor you must complete this form in its entirety.*
- *Incomplete or illegible forms will be returned to the complainant.*
- *All complaints must contain an allegation that a Registered Elevator Contractor has violated at least one provision of M.G.L. c. 143 or the Massachusetts Elevator Regulations found at 524 CMR 1.00 et seq.*
- *Complainants will be notified in writing if a hearing is scheduled on the merits of the complaint.*

1. Registered Elevator Contractor's information

A. Name:

B. Elevator Contractor's Massachusetts Registration number:

Registration number can be found at <http://www.mass.gov/ocabr/government/oca-agencies/dpl-lp/opsi/>

C. Business address:

D. Telephone number/email address:

2. Your information

A. Name:

C. Address:

D. Address of elevator at issue:

E. State ID of elevator:

E. Telephone number/email address:

3. Narrative: In order for this complaint to be processed, you must provide a detailed description of the situation that led you to file this complaint. The description should identify the specific section(s) of the Elevator Regulation or Law that you allege have been violated. Massachusetts Elevator Laws and Regulations can be found at <http://www.mass.gov/ocabr/government/oca-agencies/dpl-lp/opsi/>. Additional pages may be attached as needed.

4. Exhibits: Attach any documents that you want to have considered as part of this complaint. For example:

- Copy of elevator permit application, inspection reports, and documentation filed with the building official, plans, affidavits, and other permits applying to the project being supervised by the elevator contractor.
- Photographs
- Contract between elevator owner and elevator contractor.

5. Verification. *I hereby affirm under the pains and penalties of perjury that all the information contained in this complaint package is true and accurate to the best of my knowledge and belief.*

Signature of complainant:

By typing your name you agree that it is valid as your signature

Date: