## **Iowa Division of Labor Boiler and Pressure Vessel Safety**

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## **Boiler/Pressure Vessel**

## **Safety Complaint Form**

This form is for reporting a dangerous condition involving an elevator or escalator located in Iowa. Owners and operators are required to report an incident such as an injury, fire, or explosion using a separate form.

Please provide as much relevant information as possible in the spaces provided below.

Type of safety complaint: Bo	oiler	Pressure	Vessel				
Individual Reporting Complaint Information							
Name	Phone number		Email address				
Address		City			State	Zip	
Boiler/Pressure Vessel Information							
Owner's name				Phone number			
Boiler/pressure vessel name				Date	Date and time of activity		
Location address		City			State	Zip	
What suspicious or unsafe activity occurr	ed?						
I certify that the information submitted on this form is true and accurate to the best of my knowledge.							
Complainant's Signature		Date		_			