



Complaint Form

- Technology System Contractor
- Power Limited Technician

PRINT IN INK or TYPE your responses.

NAME OF SUBJECT PERSON/ENTITY (their name)			NAME OF COMPLAINANT (your name)		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE	E-MAIL	

We are requesting your name, addresses and phone numbers so that we can contact you for further information and let you know when our investigation is complete. You are not required to provide this information. However, without it we will not be able to contact you for additional information we might need to respond to your complaint.

While we are investigating your complaint, the information you provide about yourself is not public and can only be released to those authorized by law to obtain the information, such as representatives of the Department, staff of the Office of Administrative Hearings or the courts, and anyone having a court order to obtain the information. After the investigation is complete, the information about you might become public, depending on the nature of the complaint and who the complaint is against.

1. Are you a Power Limited Technician? No Yes PLT # _____
2. Do you work for a Technology Systems Contractor? No Yes TSC# _____
3. Do you suspect a person or company is operating without a license? Yes - Continue No - Skip to question #7
4. Is the company you suspect displaying a TSC number upon its vehicles? No Don't Know Yes TSC# _____
5. Have you checked the DOLI Web site (www.dli.mn.gov/CCLD/ElectricalContractorDirectory.asp) to verify whether or not the suspected company is listed as a Technology Systems Contractor?
 - Yes, I checked but no license found.
 - Yes - Listed # _____
 - No
6. Have you examined the Gopher State One Call Web site (www.gopherstateonecall.org/searchandstatus.aspx) for evidence of utility locates by the suspected company?
 - Yes, I checked but no tickets found.
 - Yes - Please write ticket #'s or attach printouts to this document. _____
 - No _____
7. Please list other proof of your complaint or the nature of your complaint if the subject of your complaint is not a licensed Technology Systems Contractor or Power Limited Technician. Please include names, addresses, and/or phone numbers of customers for whom the subject has performed work for which a licensed is required. (attach additional pages if necessary)

I would like to be notified of the conclusion of the department's investigation.

SIGNATURE OF COMPLAINANT	DATE
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This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.