Minnesota Department of Labor and Industry Construction Codes and Licensing Division 443 Lafayette Road North St. Paul, MN 55155

Phone: (651) 284-5064 Fax: (651) 284-5749



Complaint Form

PRINT IN INK or TYPE your responses.				
	AME OF SUBJECT PERSON/ENTITY (their name)	NAME OF COM	NAME OF COMPLAINANT (your name)	
ADDRESS		ADDRESS		
CI	TY STATE ZIP	CITY	STATE ZIP	
PHONE		PHONE	E-MAIL	
co re: W	e are requesting your name, addresses and phone numbers so that we implete. You are not required to provide this information. However, with spond to your complaint. hile we are investigating your complaint, the information you provide about the completion of the complaint is a specific and the complaint.	out it we will not be able out yourself is not public	to contact you for additional information we might need to and can only be released to those authorized by law to	
to	tain the information, such as representatives of the Department, staff of obtain the information. After the investigation is complete, the information ocomplaint is against.			
1.	1. Are you a Power Limited Technician?			
2.	Do you work for a Technology Systems Contractor?	c for a Technology Systems Contractor?		
3.	Do you suspect a person or company is operating without a license?			
4.	Is the company you suspect displaying a TSC number upon its vehicles? No Don't Know Yes TSC#			
5.	5. Have you checked the DOLI Web site https://secure.doli.state.mn.us/lookup/licensing.aspx to verify whether or not the suspected			
	company is listed as a Technology Systems Contractor?			
	Yes, I checked but no license found.			
	Yes - Listed #			
6	☐ No 3. Have you examined the Gopher State One Call Web site http://www.gopherstateonecall.org/ for evidence of utility locates by the			
0.	suspected company?	//www.gopnerstateon	ecall.org/ for evidence of utility locates by the	
	Yes, I checked but no tickets found.	d		
	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 of Systems Contractor or Power Limited Technician. Please inclusively that performed work for which a licensed is required. (a	ude names, addresses	s, and/or phone numbers of customers for whom the	

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.

DATE

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

SIGANTURE OF COMPLAINANT