www.dsps.wi.gov/sb/sb-HomePage.html	**Complaint Registration** Safety and Buildings Division	Return Form To: Inspection and Safety Support Section P.O. Box 7302 Madison, WI 53707-7302 Fax: (608) 283-7499 Telephone: (608) 266-7548 Email: DspsSbComplaintFiling@wi.gov

Personal information you provide may be used for secondary purposes. [Privacy Law, s.15.04 (l) (m)]

Contact your local municipal inspection department before submitting this complaint to the state.

Safety and Buildings has no jurisdiction over contractual or leasing issues. Please contact the Wisconsin Department of Agriculture, Trade and Consumer Protection at 1-800-422-7128 (in WI only) or www.datcp.state.wi.us.

The department reserves the right to decide if a complaint will be investigated. Fees may be assessed to conduct the investigation in accord with SPS 302.04(2). You must provide your name and address when filing a complaint.

Complete Both Sides of Form

Your information: Name (please print):	**Date of Complaint** ***MM/DD/YR***	**Is confidentiality requested?** (within the limits of the state Open Records Laws) ☐ Yes ☐ No
Street Address:		
City, State, Zip:		
Telephone Numbers (include area code): Home: ( ) Work: ( )		

Respondent Info Name (who complaint is registered against):	**Site/Project Info** Complaint Location (site/project name):	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Daytime Telephone Number (include area code): ( )	County of	☐ Town ☐ Village ☐ City of

Complaint Involves the Following Program(s):

Amusement Rides ☐ Blasting ☐ Boilers/Pressure Vessels ☐ Commercial Building ☐ Credentialing ☐

Electrical ☐ Elevators ☐ Erosion Control ☐ Fire Safety ☐ Manufactured Homes ☐ Manufactured Home Parks ☐

Manufactured Housing Dealer ☐ Mines/Quarries ☐ Plumbing ☐ Pools ☐ Mechanical Refrigeration ☐

Private Sewage Systems/Holding Tanks ☐ Public Safety ☐ Rental Weatherization ☐ Storm Water ☐ Gas Systems ☐

One-and Two-Family Homes ☐ Ski Lifts/Ski Tows ☐ Plumbing Products ☐

Other:_____

Have you worked with any other Safety and Buildings staff regarding this complaint/project? ☐ Yes ☐ No

To your knowledge, has this project been submitted to Safety and Buildings for review/approval? ☐ Yes ☐ No

If you answered yes to either of the questions above, please indicate who you worked with and any transaction/identification numbers assigned to it. Staff Name _____Transaction/identification numbers_____

Describe your complaint in detail. (Include copies of any papers involved in the complaint.

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How do you feel this complaint should be resolved? (*Be specific)*

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By submitting this complaint, I agree and understand that the information provided may be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action if completed.

For Office Use Only

Investigation Transaction Number: _____ **Date Complaint Received: _____**

Assigned/Referred to: _____

Code Sections **Action taken:** **(Attach copy of inspection report or orders, if necessary).**

_____ _____

Entered By: _____