

Division of Labor

Safety Complaint Form



Instructions:

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

Please provide as much relevant information as possible in the spaces provided below and return the form to fax number 515-281-7995 or you may also mail the Safety Complaint Form to:

Iowa Division of Labor
1000 East Grand Avenue
Des Moines, IA 50319

You may also submit your safety concern as an attachment via e-mail if your safety complaint concerns:

- A boiler or pressure vessel: boilersafetycomplaint@iwd.iowa.gov
- An amusement ride: amusementsafetycomplaint@iwd.iowa.gov
- An elevator or escalator: elevatorsafetycomplaint@iwd.iowa.gov

What type of equipment are you reporting?

- Amusement Ride
- Boiler
- Elevator
- Escalator
- Pressure Vessel

What is the safety complaint you wish to report?

Owner's Name _____
First Last

Location where the equipment is located:

Street City

Your Name _____
First Last

Your Address

Street City State Zip Code

Your E-Mail Address _____

Your Phone Number _____