

**Iowa Division of Labor  
Elevator Safety**

150 Des Moines Street  
Des Moines, IA 50309-1836  
Phone: 515-725-5612/515-725-5608  
Fax: 515-242-5076  
[elevators@iwd.iowa.gov](mailto:elevators@iwd.iowa.gov)  
[www.iowaelevators.gov](http://www.iowaelevators.gov)

# Elevator/Escalator 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:**      **Elevator**      **Escalator**

**Individual Reporting Complaint Information**

Name	Phone number	Email address		
Address	City	State	Zip	

**Elevator/Escalator Information**

Owner's name	Phone number			
Elevator/escalator name	Date and time of activity			
Location address	City	State	Zip	

What suspicious or unsafe activity occurred?

**I certify that the information submitted on this form is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date