

Minnesota Department of Labor and Industry
CCLD - Enforcement Services
443 Lafayette Road N.
St. Paul, MN 55155-4342
Phone: (651) 284-5069 Fax: (651) 284-5746

ELEVATOR COMPLAINT INFORMATION

The Enforcement Services Unit of DLI's Construction Codes and Licensing Division (CCLD) is writing to acknowledge your request for information regarding submission of a complaint against a person, entity, or elevator related device licensed by CCLD.

CCLD is charged by the Minnesota legislature to regulate and enforce the statutes which govern the installation/performance of elevator work. The Elevator statutes may be found in Chapter 326B.163 – 326B.191.

CCLD is authorized to obtain records. Once facts are gathered, a CCLD investigator will review the matter thoroughly. They will decide whether there has been a violation which requires action, dismiss the complaint based on a lack of evidence to prove a violation, or refer to another agency if there appears to be a possible violation which does not fall within its authority. To proceed, the complaint must be both jurisdictional and supported by evidence that would convince an administrative law judge or reviewing court that a violation has occurred. CCLD does not have the authority to handle fee disputes, personal conflicts, or to award damages.

COMPLAINT PROCESS

Following is a summarized overview of CCLD's complaint registration process for your information.

Step 1:

CCLD receives a written complaint and signed waiver authorization against a licensed person or licensed entity. A complainant may remain anonymous, however, depending on the nature of the allegations, this may limit CCLD's ability to investigate the allegations.

Step 2:

A CCLD investigator sends a letter of acknowledgment of the complainant (the person filing the complaint) and a request for a signed waiver if one is needed for the investigation and was not received with the original complaint.

Step 3:

The investigator will request a written response from the licensed person or licensed entity. In the alternative, CCLD may initiate an investigation without prior notification to the license holder. Investigations and resolutions by their nature may take a considerable amount of time. If the review or investigation requires a lengthy time period, a status letter is sent to the complainant.

Step 4:

The investigator evaluates all of the information obtained and determines whether enforcement action is warranted. If no violation can be proven, the investigative case is closed and/or referred to an appropriate state regulatory agency for their review. If a violation is determined, appropriate action is taken. The complainant is notified of the dismissal, referral or any action taken by CCLD. Action taken against a licensee may consist of a warning, censure, license suspension or revocation, and/or a civil penalty (fine).

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COMPLAINT FORM INSTRUCTIONS

SUBJECT OF COMPLAINT

Please provide us with as much information as you can regarding the individual or company that is the subject of your complaint.

COMPLAINANT

The person who is submitting the complaint is called the “complainant.” CCLD needs your name and contact information in order to communicate with you regarding our investigation. In addition, without this information, we are unable to notify you of the final determination of your complaint.

STATEMENT OF COMPLAINT

Please describe briefly but concisely all the facts pertaining to your complaint. Include relevant names, dates, times, places. Submit with the complaint any documentation (bid documents, invoices, canceled checks, etc.) you may have which supports your complaint. Use additional pages if necessary. You may call this office for assistance in determining whether the allegation is a violation of Minnesota Elevator Laws and Rules, and the best way to convey your complaint.

SIGNATURE OF COMPLAINANT

Please sign and date the complaint form and mail it to the address at the bottom of this letter. Include with the complaint your signed waiver authorization or indicate in the complaint that you wish to remain anonymous.

Remaining anonymous may limit CCLD’s ability to investigate the allegations and obtain records.

AUTHORIZATION TO RELEASE INFORMATION

You must check one of the two boxes on the Permission for Release of Information Regarding Complaint form. If you do not give us authorization to disclose your identity to the subject of the complaint, we will not be able to seek any information regarding work performed on your property. If you are filing a complaint alleging unlicensed activity, you do not need to authorize the release of your identity, but we cannot take action based on work performed on your property if we cannot disclose your identity.

THIS INFORMATION IS PROVIDED PURSUANT TO THE MINNESOTA GOVERNMENT DATA PRACTICE ACT.

Please feel free to contact CCLD at (651) 284-5069 or DLI.contractor@state.mn.us if you have any questions or concerns regarding your complaint.

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Elevator Complaint Form

WHO IS THE COMPLAINT AGAINST	YOUR NAME (COMPLAINANT)
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE	PHONE E-MAIL

TYPE OF ELEVATOR INVOLVED:

ESCALATOR: ELEVATOR: CHAIR LIFT:

ADDRESS OF ELEVATOR: _____

Commercial Building: Residential: Multi-Family:

I understand that I am not legally required to complete or return this form. It is offered so that the agency may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in any legal proceeding. Recognizing the agency's need to verify and, if necessary, legally pursue this complaint, I authorize the agency, its agent, and/or agents of the Attorney General's Office representing the agency to disclose this information to comply with Minnesota Statutes Chapter 14.

Statement of Complaint: (attach supporting documentation and additional information if necessary)

SIGNATURE OF COMPLAINANT

DATE

PERMISSION FOR RELEASE OF INFORMATION REGARDING
COMPLAINT

Please review carefully, check one option below, then sign and date this form and return it with your completed complaint form and supporting documentation to:

**Minn. Dept. of Labor and Industry
CCLD – Enforcement Services Unit
443 Lafayette Road N.
St. Paul, MN 55155**

- I hereby authorize the Department of Labor and Industry to release my name as the complainant to the subject of the complaint for purposes of furthering the underlying investigation. I also authorize the Department of Labor and Industry to release to the subject of the complaint a copy of my complaint and the facts contained therein as the department deems necessary to assist in furthering the course of the investigation.
- I do not authorize the Department of Labor and Industry to release my name as the complainant or a copy of the complaint to the subject of the complaint. I understand that the department may conduct an investigation of the matter, but will not identify me as the source of the complaint or release a copy of my complaint. I further understand that this may limit the information the department may use in the investigation and impact its outcome.

Signature of Complainant

Date