

# WEST VIRGINIA DIVISION OF LABOR

## Request for Investigation Form

### Section 1 - Complainant Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Facsimile #: \_\_\_\_\_

Street Address or P.O. Box

\_\_\_\_\_

Email Address: \_\_\_\_\_

City, State, Zip

(Required if requesting notification below)

Your relationship/concern in this matter is as:

 Private Citizen  Representative of \_\_\_\_\_ Competitor  Other (Describe): \_\_\_\_\_Please check if you want notified, via email only, when the initial investigation has been conducted? 

### Section 2 - Company / Issue to be Investigated:

Please describe the issue you request to be investigated. Remember to include company and/or individual names when applicable and directions to site/location to be investigated. Be specific in your explanation and identify the violation of law alleged:

### Section 3 - Office Use Only:

RFI #: County: 

Type of Investigation:

- |  |  |
|--|--|
| <input type="checkbox"/> Amusement Ride / Attraction       | <input type="checkbox"/> Zipline / Canopy Tour |
| <input type="checkbox"/> Elevator Certificate of Operation | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Elevator Mechanic                 |  |
| <input type="checkbox"/> High-Pressure Steam Boiler        |  |

Directed By: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

**Section 1 must be completed in full for your complaint to be investigated.** Anonymous requests will not be processed. You may send in your complaint via email to [Safety@wv.gov](mailto:Safety@wv.gov), via facsimile to (304) 558-2415 or mail to the following address:

**West Virginia Division of Labor**  
1900 Kanawha Boulevard East  
State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305