

## Places of Public Accommodation Code Compliance Complaint Form

PRINT IN INK or TYPE your responses

We are requesting your name, addresses and phone numbers so that we can contact you for further information and let you know when our investigation is complete. You are not required to provide this information. However, without it we will not be able to contact you for additional information we might need to respond to your complaint. While we are investigating your complaint, the information you provide about yourself is not public and can only be released to those authorized by law to obtain the information, such as representatives of the Department, staff of the Office of Administrative Hearings or the courts, and anyone having a court order to obtain the information. After the investigation is complete, the information about you might become public, depending on the nature of the complaint and who the complaint is against.

### COMPLAINANT

YOUR NAME	PRIMARY PHONE	ALTERNATE PHONE
STREET ADDRESS	CITY	STATE ZIP CODE
E-MAIL ADDRESS		

### WHO IS THE COMPLAINT AGAINST?

NAME OF PLACE OF PUBLIC ACCOMODATION FACILITY	CAPACITY OF FACILITY (OCCUPANTS):
STREET ADDRESS (Required)	CITY STATE ZIP CODE
WEB SITE / E-MAIL ADDRESS	DATE(S) ON WHICH CONSTRUCTION, ALTERATION, ADDITION, OR CHANGE OF USE OCCURRED:

### TYPE OF CONSTRUCTION OR ALTERATION INVOLVED:

New construction     Alteration     Addition     Change of use     Electrical     Plumbing

### TYPE OF ACCOMMODATION:

Sports/entertainment     Special event center     Community/convention hall     Stadium     Theater  
 Indoor amusement facility or water park     Indoor swimming pool

**DETAILS OF MY COMPLAINT** (DLI cannot investigate or take action based on construction, alteration, addition, or change of use of a place of public accommodation that occurred prior to July 1, 2017):

I hereby affirm the foregoing statements are true and correct.

SIGNATURE OF COMPLAINANT	DATE
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## 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 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.

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Signature of Complainant

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Date