West Virginia Division of Labor Request for Investigation Form

| Address:s | | 200-00000 A | | |
|---------------------|--|-----------------------------|-------------------|-----------------|
| Address:s | | | | |
| 95 | | Daytime phone # | () | |
| | Street Address / PO Box | 04 | 01.1 | 4 |
| Vous solutionable (| street Address / PO Box | City | State | Zip |
| rour relationship/o | concern in this matter is a | as: | | |
| private citizen | representative of | | | |
| competitor == | other (describe) | | | |
| Company/Issue t | o be investigated | | | |
| and/or individual n | ne issue you wish to be in ames when applicable a specific in your explanation | nd directions to the | site/location t | to be |
| | | | | |
| | | (any additional information | | d on attachment |
| | | | | d on attachment |
| Referred to: | ¹ Contractor License/Cranes | (any additional information | ı may be provided | d on attachment |
| | | (any additional information | ı may be provided | d on attachment |

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 by fax to (304) 558 3797 or mail it to the following address:

West Virginia Division of Labor 749-B Building 6, Capitol Complex Charleston, West Virginia 25305