

Uniform Construction Code (UCC)  
**GUARDIAN COMPLAINT FORM**

Please type or print all requested information clearly. Note that all of the information on this form may be subject to public disclosure by way of a court order.

COMPLAINT FILED BY:	COMPLAINT FILED AGAINST:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Phone: _____	
Fax: _____	
E-mail: _____	
Date: _____	

**Please provide the following information about anyone who was a witness to the complaint.**

Name: _____	Address: _____
Phone: _____	_____
	City: _____
	State: _____
	Zip: _____

**Please provide the following information regarding the complaint you are filing.**

Date of Incident: _____		
Location of Incident: (Building Name or Site): _____		
Building Street Address: _____		
City: _____	State: _____	Zip: _____
Municipality: _____	County: _____	

**Please provide a detailed account of the incident.**

**I understand that a false or fraudulent complaint could lead to malicious prosecution, fees, and/or penalties.**

Signature _____	Date _____
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