## MSCVE Complaint Form

please send, fax or bring this form to:

DOT&PF MSCVE
ATTN: Director
12050 Industry Way, Bldg 0, Ste 6
Anchorage, Alaska 99515
Phone 907-345-7750
Fax 907-345-6835

**For Office Use Only**
Date & Time Received
Received by

**Complainant Name** _____
**Complainant Company** _____
**Complainant Phone** _____
**Complainant Street Address** _____
**Complainant City** _____
**Complainant State & Zip Code** _____

**Nature of Complaint: please be as specific as possible.**

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**Name and Address of Company Complained About**

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**Supporting Information Suppied or Attached**

_____

**Licenses Number**

_____

**Permit Number**

_____

**Other Pertinent Information**

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