

South Carolina Department of Labor, Licensing and Regulation

Office of Elevators and Amusement Rides

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-7630 • Fax: 803-896-7650 www.llronline.com/elevators/



COMPLAINT FORM

Complete the below form and submit to the Office of Elevators and Amusement Rides. Once the complaint is processed, our staff will contact you to confirm receipt.

Complaint is on:	Amusement Ride	Elevator	
COMPLAINANT	INFORMATION		
Name:			Date:
Email:			Phone:
AMUSEMENT RI	DE / ELEVATOR INF	ORMATION	
Location/ Event:			
Physical Address: _			
Amusement Ride (1	Located on device permit	t)/ Elevator Numbe	or (Located on the elevator certificate)
This is not required	but is helpful.:		
COMPLAINT			
Please provide as m	uch detailed information	on the issue/incid	ent as possible. If available, list date(s)

incident/ issue was noticed, if you reported the issue/ incident to anyone, any correspondence, etc.