Department of Labor & Industries **Electrical Inspection Section** PO Box 44460 Olympia WA 98504-4460

## **INVESTIGATION REPORT**

Please answer as many of the following questions as you
can. Although you may not be able to answer all of the
questions, any information you can supply will be helpful in
our investigation. Attach an extra sheet of paper if needed.

File na	ime	
		Electrical Contractor Licensing Law
		Electrician Certification Law

Attach to this report; a copy of your contract, copies of canceled checks, any advertising, and any other documentation which pertains to this case.

UPON RECEIPT of this completed report, our investigation will be started. Appropriate citations may be issued to parties found to be in violation of State Electrical Laws or Administrative Codes.

1. Your name	Home	e phone number	Business phone number
Home address	City		State ZIP
2. Suspect's name			Phone number
Suspect's business name			Phone number
Suspect's home address	City		State ZIP
Suspect's business address	City		State ZIP+4
3. Address where electrical work performed.			
4. Did the individual or contractor involved say they were licensed or bonded? Yes No	5. How did you learn of t	his individual or contractor? (News	paper, radio, friend, etcinclude
6. Did you pay the individual or contractor doing the electrical w	work?	7. Did the individual or contractor s	submit a bid or estimate?
No Yes Please attach a copy of a canc	eled check or receipt.	No Yes P	ease include a copy.
8. Were you asked by the individual or contractor to take out an	Electrical Work Permit in y	your name as the homeowner?	
No Yes Please include copies of the pe	ermit and any paperwork su	ch as correction reports left by the in	spector at site.
9. When was the electrical work done?			
Date(s) Ti	me(s)		

10.	Did anyone other than yourself witness this individual or contractor doing this electrical work?	No 🛄	Yes	their name is:
	Name:	Phone number:		
	Address City			State ZIP
11.	Do you know of any other electrical jobs that this individual or contractor has done? No	Yes	they are:	

Please list below, the name(s) of the recipient(s) of the work, and the location(s) of where work was accomplished.

## STATEMENT

12. Describe the electrical work you witnessed being done; by whom, at what time, and on what day. PLEASE BE SPECIFIC.

Work performed:

Was work satisfactory?	If "No," please describe problems:
Yes No	

Any costs for r	epairing work per	formed?	
Amount \$			
Did you personally observe the suspect doing electrical work?			
Yes 🔲	No 🔲	Other comments:	

13. The above statement is true and correct to the best of my knowledge and belief.

Date	Signed
Date	Witness (optional)