



Commonwealth of Virginia State Corporation Commission Railroad Complaint Report

Please provide all information requested here to assist in conducting a thorough investigation of this complaint. Please use a separate report for each incident. Thank you for your time.

Part A – Please send this information to: 

Manager Railroad Safety
Division of Utility and Railroad Safety
State Corporation Commission
P.O. Box 1197
Richmond, Virginia 23218

Commission Toll Free Number..... 1-800-552-7945
Division Number..... 804-371-9980
Fax..... 804-371-9734
E-mail.....varailsafety@scc.virginia.gov
Web..... www.scc.virginia.gov/urs

Part B – Who is submitting this information:

Date of this report: _____

Name: _____

Work Phone: _____

Address: _____

Cell Phone: _____

City, State, Zip: _____

Home Phone: _____

E-mail: _____

Fax: _____

Part C - Complaint Information: Please provide a detailed description of the complaint to include the following:

Locomotive Number: _____

Freight Car Number: _____

Date, Time Incident Started: _____

Date, Time Incident Ended: _____

Location/Street/Road Crossing: _____

City/Town/County: _____

Details: