



VIOLATIONS OF THE LICENSING LAW REPORT FORM COMPLAINT FORM

Name of Person Making Complaint:	Your Phone Number:	Name of Your Firm or Your Address

Type of Complaint (Check One):

Fire Alarm: Fire Extinguisher: Fire Suppression: Hood Suppression: Sprinkler:
 Burglar: Locksmith: Access Control: Closed Circuit TV:
 Date of Violation: _____ Violator (Check One): Firm: Employee: Both:

Name of Violating Firm		License # and Type	Date License Issued	Date License Expired	Status of License
Physical Address of Firm		City	State	Zip	Firm Phone Number
Mailing Address of Firm		City	State	Zip	Firm Fax Number
Name of Person Who Did the Work	License Number	License Type		License Expiration Date	
Name of Business or Residence Where Complaint Occurred	Address Where Complaint Occurred		City	State	Zip Code
Contact Name Where Complaint Occurred			Phone Number		Fax Number
Evidence accompanying this complaint:					
NOTE: If applicable and available, a copy of the State Fire Marshal Inspection Report MUST accompany this form.					
NATURE OF COMPLAINT/VIOLATION (Be As Specific as Possible)					

For Fire Protection/Sprinkler Use Only:

Were plans submitted on project? Yes No If so, List Fire Marshal Project Number PO: _____
 Was an exemption form submitted: Yes No If so, list Exemption Number E: _____
 Was a go to work letter obtained: Yes No (Sprinkler Systems Only)

OFFICE USE ONLY BELOW THIS LINE

Date Received	Date Assigned	Complaint I.D. #
Date Investigation Started		Date Cleared
Investigative Officer Assigned		Badge Number



**VIOLATIONS OF THE LICENSING LAW REPORT FORM
ATTACHMENT PAGE**



Date	Complaint I.D. Number	Page Number
NATURE OF COMPLAINT/VIOLATION (CONTINUED)		