

**VIOLATION OF LICENSING LAW
COMPLAINT FORM**

NAME OF PERSON MAKING COMPLAINT	PHONE NUMBER	NAME OF COMPANY OR HOME ADDRESS
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**TYPE OF COMPLAINT
(CHECK ONE)**

LIFE SAFETY ENDORSEMENT(S)	PROPERTY PROTECTION ENDORSEMENT(S)
<input type="checkbox"/> FIRE ALARM (COMMERCIAL) <input type="checkbox"/> FIRE EXTINGUISHER	<input type="checkbox"/> BANK LOCKING <input type="checkbox"/> CCTV <input type="checkbox"/> DETENTION LOCKING
<input type="checkbox"/> FIRE SUPPRESSION (KITCHEN SUPPRESSION) (ENGINEERED) (PRE-ENGINEERED) <input type="checkbox"/> FIRE SPRINKLER (SPRINKLER QUALIFIER) (SPRINKLER INSPECTOR)	<input type="checkbox"/> DOOR HARDWARE <input type="checkbox"/> GATE LOCKING <input type="checkbox"/> HOUSEHOLD FIRE <input type="checkbox"/> LOCKSMITH <input type="checkbox"/> SECURITY <input type="checkbox"/> SPECIAL LOCKING

DATE(S) OF VIOLATION(S) (IF KNOWN)	SUSPECTED VIOLATOR (CHECK ONE) <input type="checkbox"/> COMPANY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> BOTH <input type="checkbox"/> INDIVIDUAL
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SUSPECTED COMPANY	SUSPECTED EMPLOYEE(S)/INDIVIDUAL(S)
NAME OF SUSPECTED COMPANY/FIRM	NAME OF SUSPECTED EMPLOYEE(S)/INDIVIDUAL(S)
COMPANY PHYSICAL ADDRESS	
CITY	STATE ZIP
PHONE	FAX

NAME OF BUSINESS/RESIDENCE WHERE VIOLATION(S) OCCURED			
NAME OF BUSINESS/RESIDENCE		CONTACT PERSON/TITLE	
LOCATION OF BUSINESS/RESIDENCE		PHONE	FAX
CITY	STATE	ZIP	COMMENTS

**NATURE OF VIOLATION(S)
(CHECK ONE)**

- | | | |
|---|--|---|
| <input type="checkbox"/> SYSTEM IMPAIRMENT NOTIFICATION | <input type="checkbox"/> IMPROPER TAGGING OF SYSTEM | <input type="checkbox"/> WORK CONTRARY TO CODE/PLANS |
| <input type="checkbox"/> UNLICENSED COMPANY | <input type="checkbox"/> INSTALLATION PRIOR TO REVIEW/APPROVAL | <input type="checkbox"/> UNETHICAL/MISLEADING PRACTICES |
| <input type="checkbox"/> UNLICENSED EMPLOYEE | <input type="checkbox"/> FAILURE TO UNLOCK SECURITY PANEL | <input type="checkbox"/> OTHER (SPECIFY BELOW) |

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE VIOLATION(S)

(CONTINUE ON ADDITIONAL PAGE)

OFFICE USE ONLY

DATE COMPLAINT RECEIVED	DATE ASSIGNED	COMPLAINT NUMBER(S)
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PLEASE MAIL OR FAX COMPLAINT FORM TO:

OFFICE OF THE STATE FIRE MARSHAL
LICENSING SECTION
8181 INDEPENDENCE BLVD.
BATON ROUGE, LA 70806

FAX: 225-925-3699

