



## VIOLATIONS OF THE LICENSING LAW REPORT FORM COMPLAINT FORM

<b>Name of Person Making Complaint:</b>	<b>Your Phone Number:</b>	<b>Name of Your Firm or Your Address</b>

**Type of Complaint (Check One):**

- Burglar:     Fire Alarm:     Fire Extinguisher:     Hood Suppression:   
 Sprinkler:     Locksmith:     Access Control:     Closed Circuit TV:

Date of Violation: \_\_\_\_\_ Violator (Check One): Firm:  Employee:  Both:

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

**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**

<b>Date Received</b>	<b>Date Assigned</b>	<b>Complaint I.D. #</b>
<b>Date Investigation Started</b>		<b>Date Cleared</b>
<b>Investigative Officer Assigned</b>		<b>Badge Number</b>



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



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