



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team



Return this completed form to the appropriate Regional Office:

Barre Regional Office
 1311 US Route 302, Suite 500,
 Barre, VT 05641
 Phone: 802-479-4434

Rutland Regional Office
 56 Howe Street Building A Suite 200,
 Rutland, VT 05701
 Phone: 802-786-5867

Springfield Regional Office
 100 Mineral Street, Suite 307,
 Springfield, VT 05156
 Phone: 802-885-8883

Williston Regional Office
 380 Hurricane Lane, Suite 101,
 Williston, VT 05495
 Phone: 802-879-2300

COMPLAINT FORM

COMPLAINANT INFORMATION

| | | | | | | | |
|---------------------------------------|-------|--------|-----------------|---------------|--------|-------------------|--|
| Complainant's Name: | | | | | | Anonymous: | |
| Address: | | | | E-Mail: | | | |
| City: | | | | Phone: | | | |
| Relationship with the Property | | | | | | | |
| Patron | Owner | Tenant | Fire Department | Town official | Other: | | |

BUILDING LOCATION & OWNER

| | | | |
|--------------------|--|---------------------------------------|--|
| Name of Building: | | Has owner been notified of complaint? | |
| Building Location: | | | |
| Owner's Name: | | | |
| Address: | | | |
| City: | | Phone: | |

COMPLAINT INFORMATION

ALLEGED VIOLATIONS OR CONCERNS

| | | | | | |
|--------------------------|--|--------------------------|----------------------------|--------------------------|--|
| <input type="checkbox"/> | CHIMNEYS/VENTS – Broken or Defective | <input type="checkbox"/> | FIRE HAZARD | <input type="checkbox"/> | FIRE EXTINGUISHERS – Missing or Defective |
| <input type="checkbox"/> | ELECTRICAL HAZARD (extension cords in use) | <input type="checkbox"/> | STRUCTURAL – Roof | <input type="checkbox"/> | ELECTRICAL – Broken or missing components, no GFI outlet |
| <input type="checkbox"/> | SMOKE / CO DETECTOR(S) – None / Defective | <input type="checkbox"/> | HEATING EQUIP. – Defective | <input type="checkbox"/> | WINDOWS – Inoperable – To small |
| <input type="checkbox"/> | ELECTRICAL – Sparking or Arcing | <input type="checkbox"/> | STRUCTURAL – Floor/ceiling | <input type="checkbox"/> | STRUCTURAL – Foundation, Columns/Beams |
| <input type="checkbox"/> | FUEL SUPPLY – Leaking or Defective | <input type="checkbox"/> | ADA ISSUE | <input type="checkbox"/> | EXITS – Blocked / Lacking / Broken or Missing Components |

Complaint Details:

| | | | | | |
|------------------------|-------|--------------|-----------------|-----------------|--------|
| OFFICE USE ONLY | | Date: | | Time: | |
| Site Number: | | Hazard Index | | Project Number: | |
| Received By: | | | Assigned to: | | |
| REFERRED TO: | | | | | |
| Patron | Owner | Tenant | Fire Department | Town official | Other: |