



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:

Waterbury Regional Office
45 State Drive
Waterbury, VT 05671-8200
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: 802-216-0500

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

COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant's Name:						Anonymous: <input type="checkbox"/>
Address:				E-Mail:		
City:				Phone:		
Relationship with the Property						
<input type="checkbox"/> Patron	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Town official	Other:	

BUILDING LOCATION & OWNER

SHORT TERM RENTAL – Check if yes

Name of Building:	Has owner been notified of complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Location:	
Owner's Name:	
Address:	
City:	Phone:

COMPLAINT INFORMATION

ALLEGED VIOLATIONS OR CONCERNS

<input type="checkbox"/> ADA Issue	<input type="checkbox"/> Fire Extinguisher – Missing or Defective	<input type="checkbox"/> Septic – Backed-up/Surfacing wastewater
<input type="checkbox"/> Alarm/Detector-Smoke/CO-Missing /Defective	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Structural – Floor, Ceiling, Roof
<input type="checkbox"/> Bathroom Facilities – Faulty equipment or Plumbing fixture	<input type="checkbox"/> Fuel Supply– Leaking or Defective	<input type="checkbox"/> Structural – Foundation, Columns, Beams
<input type="checkbox"/> Chimneys/Vents – Broken, Defective, Plugged	<input type="checkbox"/> Heating Equip. – Defective, Not inspected	<input type="checkbox"/> Trash – Storage or Removal issues
<input type="checkbox"/> Electrical Hazards – Ext. cords, Damaged outlet, Sparks, Arcing	<input type="checkbox"/> Pest Infestation – Damage, Fecal dropping	<input type="checkbox"/> Ventilation – Window/Vent fan – missing/defective
<input type="checkbox"/> Electrical – Broken/Missing components, GFCI outlet issues	<input type="checkbox"/> Plumbing – Supply, Sewer, Hot Water	<input type="checkbox"/> Water Supply – Lack of or Quality issues
<input type="checkbox"/> EXITS – Blocked / Lacking / Broken or Missing components	<input type="checkbox"/> Sanitation – Food storage & Prep spaces	<input type="checkbox"/> Windows– Inoperable, Undersized

Complaint Details:

OFFICE USE ONLY	Date	Time:
Site Number:	Hazard Index: 1 2 3 4 5 (Circle)	Project Number:
Received By:	Assigned to:	
Referred To:		
<input type="checkbox"/> Patron	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Town Official	<input type="checkbox"/> Other: _____