



Los Alamos Fire Department

Fire Marshal's Office



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: