

**EVANSVILLE FIRE DEPARTMENT
CITIZEN COMPLAINT FORM ON FIRE HAZARDS IN PLACES OF OCCUPANCY**

Business / Facility Name _____ **Date** _____
Business Address _____
Property Owner _____
Property Owner Address _____

Name of Complainant _____ **Contact Information** _____ **Anonymous Complaint**
_____ **Internal**
_____ **Other Agency**

Nature of complaint:

Check if additional sheet needed for nature of complaint

Fire Marshal/Inspector _____ **Date Assigned** _____ **Date of Initial Visit** _____

Findings of Complaint Inspection

Check if Additional sheet needed for nature of complaint

Other Agency requested by EFD

Building Commission/Code Enforcement Police/Sheriff Department Board of Public Safety
 Health Department State Fire Marshal Other Agency (Below)
 City Engineer Vectren Electric and/or Gas _____

Follow up Inspection Needed Yes No

Date of Follow Up Inspection _____ Citizen Complaint Closed _____

Deputy Fire Marshal/Inspector Signature

Date

Supervisor Signature

Date

If the form does not submit with button in your browser
email form to gmain@evansvillefiredepartment.com
& mlarson@evansvillefiredepartment.com

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Enter additional information below: