



ARKANSAS FIRE PROTECTION LICENSING BOARD

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

Telephone (501) 661-7903 Fax (501) 603-3540

Email: Patricia.L.White@arkansas.gov or Sarah.Johnson@arkansas.gov

Complaint Form

This form is used to report a complaint or violation of either a Licensed or non-Licensed Company or Individual. This report will be presented to the Boards Investigator/Inspector. The allegation(s) will be investigated, and a report will be submitted to the Board for the appropriate action.

Name of Individual or Company being reported:

Address if known: _____

Phone Number: () _____ Contact Person: _____

Location of complaint or violation:

Business Name: _____ Phone: () _____

Address: _____

Name of contact at this location for investigation:

Date the violation was first found: _____

What was found:

(Use additional sheets if needed)

Individual submitting this report.

Name: _____ Phone () _____

Company you work for: _____

Will you be willing to come to a regulatory hearing if needed? [] Yes [] No

Can your name be used in connection with this investigation? [] Yes [] No

I certify that the information submitted in this report is true and accurate. I understand that a false statement will be cause for legal action and, that I may be contacted for further information regarding this report.

Signature: _____ Date: _____