



**Arkansas Fire Protection Licensing Board
Arkansas Department of Labor & Licensing**

900 West Capitol, Suite 400, Little Rock, AR 72201
501-661-7903 (O) * Katherine.Dunford@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 appropriate action.

Name of Individual or Company being reported: _____

Address: _____

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: _____

Please state nature of complaint on page 2.
(Copy page 2 as necessary)

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: _____

