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| **Complaint** |
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**Oklahoma State Fire Marshal**

2401 NW 23rd, Suite 4

Oklahoma City, Oklahoma 73107

(405) 522-5006 Fax: (405) 522-5028

 **Fire Extinguisher Industry**

 **Complaint Form**

Please type or print in ink.

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| Complainant: |       |
| Street Address: |       | Work Phone: |       |
| City: |       | State: |       | Zip: |       | Home Phone: |       |
|  |
| Complaint Against: | Name of Individual: |       |
| Company Name: |       |
| Vehicle Description: (If applicable make, model, color, ext.) |       |
| Tag #: |       | Location of Violation: |       |
| City: |       | State: |      | Time: |       | Date: |       |

Please provide a detailed statement of your complaint in the space below which includes the nature, circumstances and

date(s) of the alleged violations.

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Please Check Nature of Complaint

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  | **Demonstrated Incompetence** | [ ]  | **Conviction of a Crime** | [ ]  | **Fraud or Deceit** |  |
| [ ]  | **Violation of Rules** | [ ]  | **Material Misstatement** | [ ]  | **Improper Service** |  |

The information given is true and accurate to the best of my knowledge. I realize the Oklahoma State Fire Marshal may not be able to take action without my cooperation in providing additional information, if requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | Date: |       |  |

**A complainant’s identity or anonymity can be preserved based upon the Open Records Act. If the record is produced pursuant to a request, then the identity of the complainant should be blackened out or redacted from the document before it is produced; however, subpoenas issued either for an individual administrative proceeding or for a civil suit would require disclosure or production of the document and thus identify the plaintiff.**

**Please Fax form to (405) 522-5028**