



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team



Return this completed form to the appropriate Regional Office:

Waterbury Regional Office
 45 State Drive
 Waterbury, VT 05671-8200
 Phone: 802-479-4434

Rutland Regional Office
 56 Howe Street Building A Suite 200,
 Rutland, VT 05701
 Phone: 802-786-5867

Springfield Regional Office
 100 Mineral Street, Suite 307,
 Springfield, VT 05156
 Phone: 802-216-0500

Williston Regional Office
 380 Hurricane Lane, Suite 101,
 Williston, VT 05495
 Phone: 802-879-2300

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

SHORT TERM RENTAL – Check if yes

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: