

Bureau of Fire Prevention
COMPLAINT FORM
(856) 863-4000 Fax: (856) 589-0239

COMPLAINT NUMBER: _____

DATE: _____ PREVIOUS COMPLAINT? ____NO ____YES DATE OF PREV COMP: _____

COMPLAINANT NAME: _____ PHONE #: _____

STREET ADDRESS: _____

TOWN/CITY: _____ ZIP: _____ MUN CODE: _____

LOCATION OF COMPLAINT
BUSINESS/BUILDING NAME: _____

STREET ADDRESS: _____

TOWN/CITY: _____ ZIP: _____ MUN CODE: _____

ASSIGNED TO: _____

NATURE OF COMPLAINT: _____

TYPE OF ACTION TAKEN: _____

DATE ACTION TAKEN: _____ DATE ABATED: _____

SIGNATURE: _____ TITLE: _____

COMMENTS: _____
