



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION**



LICENSING COMPLAINT FORM

PROGRAM

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Portable Fire Extinguisher | <input type="checkbox"/> Automatic Extinguishing Systems | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Flame Retardant | <input type="checkbox"/> Building Materials Listings | |

VICTIM INFORMATION

BUSINESS/INDIVIDUAL COMPLAINT IS AGAINST

Name:		Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Home Phone:	Work Phone:	Phone:	
Email Address:		Person you dealt with:	
Primary Language:		Web site or email address:	

REPORTING PARTY INFORMATION

Name:	
Phone Number:	
Relation To Victim:	

***REQUIRED INFORMATION**

1. Initial contact between you and the business:

- | | |
|--|--|
| <input type="checkbox"/> Person came to my place of business | <input type="checkbox"/> I responded to print advertisement |
| <input type="checkbox"/> I went to the company's place of business | <input type="checkbox"/> I responded to a web site or e-mail solicitation |
| <input type="checkbox"/> I received a telephone call from the business | <input type="checkbox"/> I responded to a solicitation in a language other than English
(Other Language: _____) |
| <input type="checkbox"/> I telephoned the business | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I received information in the mail | |
| <input type="checkbox"/> I responded to radio/television ad | |

2. Where did the Incident occur:

- | | |
|--|--|
| <input type="checkbox"/> At my home | <input type="checkbox"/> Over the computer |
| <input type="checkbox"/> At my place of business | <input type="checkbox"/> Trade Show or Hotel |
| <input type="checkbox"/> By mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Over the phone | |

3. Date(s) of the Incident:

4. Did you sign a contract or invoice? Yes No

If yes, please enclose a copy.

5. How much did the company/individual ask you to pay: \$

6. How much did you actually pay? \$

Date(s) of Payment:

7. What method of payment was used: Cash Personal Check Loan
 Debit Card Cashiers Check Wire Transfer
 Credit Card Money Order Bank Account Debit

8. Have you contacted another agency or attorney about this complaint? Yes No

If yes, list the name(s) and address(es) of the agency or attorney.

9. What action was taken by this agency or attorney?

10. Have you complained to the business? Yes No

If yes, when?

11. Have you been sued in relation to this transaction? Yes No

If yes, when?

12. Please describe your complaint in detail.*

***If information is missing or supporting documentation is not attached, the Office of the State Fire Marshal will consider this complaint incomplete and no further actions will be taken. Please attach copies of any documents necessary to explain the transaction. DO NOT send original documents (i.e. receipts or invoices).**

Note: California law prohibits the Office of the State Fire Marshal from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, please contact a private attorney to discuss your complaint.

In signing this complaint, I understand the California State Fire Marshal does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint for informational purposes only.

I also understand that the information I report on this form will be used to help investigate violations of laws and regulations. This complaint form and the information I provide are records open to the public under California Law. The above statements are true and accurate to the best of my knowledge.

Signature

Print Name

Date

Please return this form to:
Office of the State Fire Marshal
Attn: Fire Engineering Division
Investigation Unit
1131 S Street
Sacramento, CA 95811