



STATE OF DELAWARE  
STATE FIRE PREVENTION COMMISSION

**DELAWARE STATE FIRE PREVENTION COMPLAINT FORM**

PERSON MAKING COMPLAINT

\*Name

\*Address

\*Contact Number

\*Date

\_\_\_ Do you wish to remain anonymous?            Y            N

**(Persons making a complaint may remain anonymous up until such time as the complaint comes to the Fire Prevention Commission for appropriate action).**

\*\*\*\*\*  
**Must fill in Name, Address and Contact Number for complaint to be processed.**

YOUR COMPLAINT IS AGAINST?

WHAT IS THE NAME OF THE PERSON/S OR AGENCY WITH WHOM YOU ARE PLACING THE COMPLAINT?

\*Name

\*Agency

WHAT IS YOUR COMPLAINT? (Unlimited Characters - or you may cut and paste document).

Give detailed explanation. List date, time and location of complaint.

Submit