

Arkansas Fire Protection Licensing Board  
900 W. Capitol Ave., Suite 400  
Little Rock, Arkansas 72201  
Telephone (501) 661-7903 Fax (501) 603-3540  
Email: [Patricia.L.White@arkansas.gov](mailto:Patricia.L.White@arkansas.gov)

Complaint Form

This form is used to report a complaint or violation of either a Licensed or non-Licensed Company or Individual. This report will be presented to the Boards Investigator/Inspector. The allegation(s) will be investigated, and a report will be submitted to the Board for the appropriate action.

Name of Individual or Company being reported: \_\_\_\_\_

Address if known: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

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**Location of complaint or violation:**

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of contact at this location for investigation: \_\_\_\_\_

Date the violation was first found: \_\_\_\_\_

What was found: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Use additional sheets if needed)**

**Individual submitting this report.**

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Company you work for: \_\_\_\_\_

Will you be willing to come to a regulatory hearing if needed? [ ] Yes [ ] No

Can your name be used in connection with this investigation? [ ] Yes [ ] No

I certify that the information submitted in this report is true and accurate. I understand that a false statement will be cause for legal action and, that I may be contacted for further information regarding this report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_