

COMPLAINT FORM INSTRUCTIONS

Enclosed is a "Complaint Form" which must be completed in order to file a complaint with the Arkansas Fire Protection Licensing Board. BEFORE completing the form please understand the following:

The purpose of the Fire Protection Licensing Board is to:

- (1) monitor the sales, installation and servicing of portable, fixed and fire protection sprinkler systems,
- (2) provide for the registration of licensure of firms and individuals providing this service, and
- (3) protect and promote public safety by minimizing personal injury and property damages which might arise from inadequate, unreliable, unsafe or improperly installed and maintained equipment.

It is not the responsibility of this Board to resolve contractual disputes that arise between the owner and the firm performing the work.

If you choose to file a complaint, a copy of the complaint will be given to the Investigator who will investigate the allegation. The Investigator may, during the course of his investigation, contact both the person making the complaint and the person named in the complaint for additional information prior to making his report.

The complaint and report of the Board Investigator will be presented to the Board for review and to determine if there is cause for a notice of hearing to be issued.

Both parties (the person making the complaint and the firm and/or person who is the subject of the complaint) may be required to appear before the Board Hearing to resolve the issue(s).

If you have questions, please feel free to contact our office for assistance.

**State of Arkansas
Fire Protection Licensing Board**

7509 Cantrell Road, Suite 103-A
Little Rock, Arkansas 72207
Telephone 501-661-7903

Fax 501-603-3540
Email: afplb@aristotle.net
Web: www.arfireprotection.org

COMPLAINT FORM

Date of Complaint _____ Complaint # _____
(Office use only)

COMPLAINT INFORMATION

Company being reported: _____

Address of the company: _____

City _____ State _____ Zip _____

Telephone number: _____ Certificate of Registration _____

Location of Complaint: Business Name _____

Contact Person _____

Address _____ City _____ State _____

Telephone Number _____ Date of Violation: _____

Location of Violation: _____

Is the firm currently working at the business noted in the complaint or is the work completed? _____

State briefly and clearly the facts of the complaint (please be specific with complaint listing infraction(s) according to Act 743, Rules and Regulations, and/or NFPA by section(s). Attach copies of support documents and photos _____

(Please feel free to add extra pages if needed)

INDIVIDUAL FILING THE COMPLAINT

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____ Business Phone #: _____

Cell Phone #: _____ Fax #: _____

Signature of person filing the complaint

(Office use Only)

Investigator Findings: _____

Investigator Signature

Date of Investigation

Board Action

Date of Action