

Arkansas Fire Protection Licensing Board
7509 Cantrell Road, Suite 102
Little Rock, Arkansas 72207
Telephone (501) 661-7903 Fax (501) 603-3540
Email: Sheila.Caudle@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: _____

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: _____