

Arkansas Fire Protection Licensing Board

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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: \_\_\_\_\_

Updated: 11-08-12