



South Burlington Fire Department

575 Dorset Street
South Burlington, VT 05403
(802) 846-4134
Fax (802) 846-4125
www.sburl.com



COMPLAINT FORM

Return this completed form to the South Burlington Fire Department

COMPLAINANT INFORMATION

Person filing Complaint:					Anonymous: <input type="checkbox"/>
Complainant Address:			E-Mail		
City and State:			Phone:		
Relationship with the Property					
<input type="checkbox"/> Patron	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Town official	<input type="checkbox"/> Other

BUILDING LOCATION & OWNER

Building Name:			Building's Current Use		
Building Location:					
Owner's Name:					
Address:					
City:			Phone		

COMPLAINT INFORMATION

<input type="checkbox"/> CHIMNEYS/VENTS - Broken or Defective	<input type="checkbox"/> EXITS – Blocked / Lacking / Broken or Missing Components	<input type="checkbox"/> FIRE EXTINGUISHERS – Missing or Defective
<input type="checkbox"/> ELECTRICAL HAZARD (extension cords in use)	<input type="checkbox"/> ELECTRICAL - Sparking or Arcing	<input type="checkbox"/> ELECTRICAL - Broken or missing components, No GFI outlet
<input type="checkbox"/> SMOKE / CO DETECTOR(S) – None / Defective	<input type="checkbox"/> HEATING EQUIP. – Defective	<input type="checkbox"/> WINDOWS – Inoperable – To small
<input type="checkbox"/> STRUCTURAL - Roof	<input type="checkbox"/> STRUCTURAL - Floor/ceiling	<input type="checkbox"/> STRUCTURAL - Foundation, Columns/Beams
<input type="checkbox"/> ADA ISSUE	<input type="checkbox"/> FUEL SUPPLY - Leaking or Defective	<input type="checkbox"/> FIRE HAZARD

Complaint Details:

OFFICE USE ONLY

Site Number:	Hazard Index:	Project Number:
Received By:	Assigned To:	
Referred To:	<input type="checkbox"/> Health Department <input type="checkbox"/> Local Health Officer <input type="checkbox"/> VT Division of Fire Safety <input type="checkbox"/> Other:	
Date:	Time:	