



COMPLAINT FORM

CITY OF SPRINGDALE FIRE DEPARTMENT
417 Holcomb St. Springdale, Arkansas 72764
Phone: (479) 751-4510
Fax: (479) 750-8104

Complaints or concerns about the City of Springdale Fire Department or its employees should be filed on this form and returned to the Officer-in-charge or Fire Chief at the location listed above.

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: ___ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____
Date of Incident: _____ Time of Incident: _____ a.m./p.m. (circle one)
Department employee(s) involved: Name(s) and/or physical description _____

STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail: _____

(You may use additional sheets or submit a separate written statement)

WITNESSES/OTHERS INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Involvement: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Involvement: _____

(You may use additional sheets if necessary to list other involved persons)

SIGNATURE: _____ **Date:** _____

Contact the Officer-in-charge or Fire Chief if you have any questions or need help with this form.