

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

Complaint Investigation Form

DATE RECEIVED: _____

LOCATION OF COMPLAINT: _____

RECEIVED FROM: _____

CALL BACK NUMBER: _____

DESCRIPTION OF COMPLAINT: _____

DATE INSPECTED: _____

INSPECTOR: _____

PERSON CONTACTED: _____

TIME OF DAY: _____

SITUATION FOUND: _____

ACTION TAKEN: _____

COMMENTS: _____

