

The Department of Military Affairs and Public Safety

Office of the State Fire Marshal

1207 Quarrier St, 2nd Floor
Charleston, WV 25301
Phone: (304) 558-2191
Fax: (304) 558-2537

COMPLAINT FORM INSTRUCTIONS:

When to fill out this form:

- To report unlicensed electricians working
- To report faulty electrical workmanship / NEC violations by a licensed electrician
- To report all explosive complaints / violations
- To report any unsafe firework displays
- To report any violation of the Life Safety Code/State Fire Code

Who can fill out this form:

Any individual witnessing or having pertinent information to any of the above.

How to complete this form:

- Using Adobe Acrobat Reader print this form on your local printer.
- Complete this form to the best of your knowledge.
- Mail to: Office of the State Fire Marshal, 1207 Quarrier St, 2nd Fl, Charleston, WV 25301.
- Or you may fax it to: Office of the State Fire Marshal (304) 558-2537.

Should you need further instructions or need assistance in completing this form, please do not hesitate to contact us weekdays between 0800 am and 0400 pm at (304) 558-2191 Ext.53219.

The Department of Military Affairs and Public Safety Office of the State Fire Marshal

1207 Quarrier St, 2nd Floor
Charleston, WV 25301
Phone: (304) 558-2191
Fax: (304) 558-2537

COMPLAINT FORM

Type Of Complaint		Electrical _____ Explosives _____ Fireworks _____ Locked Exits _____ Inoperable Fire Alarm _____ Other _____					
Complainant	Name				Phone No.	() ____ - ____	
	Address				County		
	City				State		Zip
Violator	Name				DBA		
	Address				Phone No.	() ____ - ____	
	City				State		Zip
Complaint Location	Address				County		
	City				State		Zip
	Directions						
Nature of Complaint							

I, the undersigned, believe that the above mention information is a valid complaint and I request the West Virginia State Fire Marshal's Office to investigate the above mentioned allegations. I am also aware that my name may be released under the Freedom of Information Act to all parties involved in this complaint.

_____ (Date)

_____ (Signature)