



Santa Clara County Fire Marshal's Office

Fire Hazard Complaint Form

FOR OFFICE USE ONLY

Complaint #: _____

Received By: _____

Assigned To: _____

Completed: _____

Date of Complaint: _____

Location of Complaint: (Include Street Address, City, and/or Cross Streets)

Property Owner's Name and/or Name of Facility:

Fire Hazard: (Please describe in detail your concerns regarding this hazard)

REPORTING PARTY'S INFORMATION¹

Your Name: _____

Address _____

Phone(s) _____

E-mail Address (for confirmation receipt – Optional): _____

Do you wish to remain anonymous? YES NO

Do you wish to be contacted by our office? YES NO

Would you like to meet with us on-site? YES NO

Any Additional Comments: _____

NOTE 1: The County cannot disclose the identity of a complainant. This information allows us to contact you should it be necessary for the purpose of locating the hazard or understanding the nature of your concern.