

**SUSANVILLE FIRE DEPARTMENT
CITIZEN COMPLAINT FORM**

NAME OF COMPLAINANT _____
ADDRESS _____
PHONE _____ DATE _____

LOCATION OF COMPLAINT _____
OWNER _____

PROBLEM _____

COMPLAINT TAKEN BY _____
ACTIONS TAKEN _____

COMPLAINT RELAYED TO _____

PROBLEM RESOLVED YES NO DATE _____

HOW _____

APPROVED BY:

DATE _____

DATE _____