

STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY I DEPARTMENT OF FORESTRY AND FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL FIRE ENGINEERING & INVESTIGATIONS DIVISION AUTOMATIC EXTINGUISHING FIRE SPRINKLER FITTER LICENSING COMPLAINT FORM AES-1009 (REV.12/2021)



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AUTOMATIC EXTINGUISHING FIRE SPRINKLER FITTER LICENSING COMPLAINT FORM

BUSINESS/INDIVIDUAL COMPLAINT IS AGAINST

State:	Zip:	
	State:	State: Zip:

REPORTING PARTY INFORMATION

Name:	
Phone Number:	
Email Address:	

REQUIRED INFORMATION

1. Reason for complaint

□ C-16 Company does not have a valid license

C-16 Company does not have valid licensed sprinkler fitters

□ Individual does not have a valid fire sprinkler fitter registration/certification

□ A certification or registration holder, has engaged in unfair methods of competition, or made false or misleading statements, as prohibited in Sections 17200 and 17500 of the Business and Professions Code

 $\hfill\square$ Supervisor to employee ratio violates Automatic Extinguishing Systems Laws and Regulations

□ Other:

- 2. Where did the incident occur? Please enter the Address, City, and County
- 3. Date of incident(s)/occurrence
- 4. Please describe your complaint in detail: Attach additional pages, pictures, etc. if necessary. Do not send original documents.

Note: California law prohibits the Office of the Stare Fire Marshal from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, please contact a private attorney to discuss your complaint.

In signing this complaint, I understand the California State Fire Marshal does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint for informational purposes only.

I also understand that the information I report on this form will be used to help investigate violations of laws and regulations. This complaint form and the information I provide are records open to the public under California Law. The above statements are true and accurate to the best of my knowledge.

Signature

Print Name

Date

Please Return to CAL FIRE - Office of the State Fire Marshal Attn: Fire Engineering & Investigations Division P.O. Box 944246 Sacramento, CA 94244-2460

Or via email at AES@fire.ca.gov