



LICENSING COMPLAINT FORM

Personal Information Notice

Pursuant to the [Federal Privacy Act \(P.L. 93-579\)](#) and the [Information Practices Act of 1977 \(Civil Code Sections 1798, et seq.\)](#), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under [Article 6 of the Information Practice Act of 1977 \(Civil Code Section 1798.24\)](#). Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries to calfire.cpo@fire.ca.gov.

PROGRAM

- Portable Fire Extinguisher Automatic Extinguishing Systems Fireworks
 Flame Retardant Building Materials Listings

VICTIM INFORMATION

BUSINESS/INDIVIDUAL COMPLAINT IS AGAINST

Name:		Name:	
Address:		License or Certification #:	
		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Home Phone:	Work Phone:	Phone:	
Email Address:		Person you dealt with:	
Primary Language:		Web site or email address:	

REPORTING PARTY INFORMATION

Name:	
Phone Number:	
Relation To Victim:	

*REQUIRED INFORMATION

1. Initial contact between you and the business:

- Person came to my place of business I responded to print advertisement
 I went to the company's place of business I responded to a web site or e-mail solicitation
 I received a telephone call from the business I responded to a solicitation in a language other than English

- I telephoned the business
- I received information in the mail
- I responded to radio/television ad

(Other Language: _____)
 Other: _____

2. Where did the Incident occur:

- At my home
- At my place of business
- By mail
- Over the phone

- Over the computer
- Trade Show or Hotel
- Other: _____

3. Date(s) of the Incident:

4. Did you sign a contract or invoice?

Yes No

If yes, please enclose a copy.

5. How much did the company/individual ask you to pay: \$

6. How much did you actually pay? \$

Date(s) of Payment:

7. What method of payment was used:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Personal
Check | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Cashier's
Check | <input type="checkbox"/> Wire Transfer |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Bank Account
Debit |

8. Have you contacted another agency or attorney about this complaint?

Yes No

If yes, list the name(s) and address(es) of the agency or attorney.

9. What action was taken by this agency or attorney?

10. Have you complained to the business?

Yes No

If yes, when?

11. Have you been sued in relation to this transaction?

Yes No

If yes, when?

12. Please describe your complaint in detail.

***If information is missing or supporting documentation is not attached, the Office of the State Fire Marshal will consider this complaint incomplete and no further actions will be taken. Please attach copies of any documents necessary to explain the transaction. DO NOT send original documents (i.e. receipts or invoices).** California law prohibits the Office of the State 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 this form to:
Cal Fire-Office of the State Fire Marshal
Attn: Fire Engineering & Investigation Division
PO Box 997446 Sacramento, CA 95899