

**The Department of Homeland Security  
Office of the State Fire Marshal**

1700 MacCorkle Avenue SE - 4th Floor North  
Charleston, WV 25314  
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, 1700 MacCorkle Avenue SE - 4th Floor North, Charleston, WV 25314.
- 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.

# The Department of Homeland Security Office of the State Fire Marshal

1700 MacCorkle Avenue SE - 4th Floor North  
Charleston, WV 25314  
Phone: (304) 558-2191  
Fax: (304) 558-2537

## COMPLAINT FORM

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

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)