## LICENSING COMPLAINT FORM

### PROGRAM
- [ ] Portable Fire Extinguisher
- [ ] Automatic Extinguishing Systems
- [ ] Flame Retardant
- [ ] Building Materials Listings
- [ ] Fireworks

### VICTIM INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Person you dealt with:</td>
</tr>
<tr>
<td>Primary Language:</td>
<td>Web site or email address:</td>
</tr>
</tbody>
</table>

### REPORTING PARTY INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Relation To Victim:</td>
</tr>
</tbody>
</table>

### *REQUIRED INFORMATION

1. Initial contact between you and the business:
   - [ ] Person came to my place of business
   - [ ] I went to the company’s place of business
   - [ ] I received a telephone call from the business
   - [ ] I telephoned the business
   - [ ] I received information in the mail
   - [ ] I responded to radio/television ad
   - [ ] I responded to print advertisement
   - [ ] I responded to a web site or e-mail solicitation
   - [ ] I responded to a solicitation in a language other than English
   - [ ] 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:
   □ Cash        □ Personal Check  □ Loan
   □ Debit Card  □ Cashiers Check □ Wire Transfer
   □ Credit Card □ Money Order     □ 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:
Office of the State Fire Marshal
Attn: Fire Engineering & Investigations Division
2251 Harvard Street, Suite 400
Sacramento, CA 95815