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| **Complaint** |
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**Oklahoma State Fire Marshal**

PO Box 36690

Oklahoma City, OK 73136-2690

(405) 522-5006 Fax: (405) 522-5028

**Oklahoma Fireworks Industry**

**Complaint Form**

Please type or print in ink.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complainant: | | | |  | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | Work Phone: | |  | |
| City: |  | | | | | State: |  | | | Zip: |  | | | Home Phone: | |  | |
|  | | | | | | | | | | | | | | | | | |
| Complaint Against: | | | | | Name of Individual/Fireworks Company: | | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | | State: | |  | | Time: |  | | Date: | |  |

Please provide a detailed statement of your complaint in the space below which includes the nature, circumstances and

date(s) of the alleged violations.

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The information given is true and accurate to the best of my knowledge. I realize the Oklahoma State Fire Marshal may not be able to take action without my cooperation in providing additional information, if requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | Date: |  |  |

**A complainant’s identity or anonymity can be preserved based upon the Open Records Act. If the record is produced pursuant to a request, then the identity of the complainant should be blackened out or redacted from the document before it is produced; however, subpoenas issued either for an individual administrative proceeding or for a civil suit would require disclosure or production of the document and thus identify the plaintiff.**

**Please Fax form to (405) 522-5028**