



NEW HAMPSHIRE STATE FIRE MARSHAL'S OFFICE

33 HAZEN DR

CONCORD, NH 03304

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FMO@dos.nh.gov



COMPLAINT FORM

Date: _____
Section Assigned: _____
Section Assigned: _____
Occupancy Type: _____

Complainant: _____
Relationship to Occupant: _____
Address: _____
City, State & Zip : _____
Telephone: _____
Cell Phone: _____
E-Mail: _____

PROPERTY OWNER INFORMATION

OCCUPANT IF DIFFERENT FROM ABOVE

Property Owner: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Cell Phone: _____

Occupant: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Cell Phone: _____

Complaint:(Please be specific and concise include the address and town in which the complaint is located)

[Large empty rectangular box for complaint details]

Add a separate piece of paper for additional information if needed.

DIVISION OF FIRE SAFETY USE ONLY

Received By: _____
Assigned To: _____
Date Assigned: _____
Priority: _____

Date Received: _____
Assigned By: _____
Case Number: _____

Comments:

[Large empty rectangular box for comments]