

BODEGA BAY FIRE DISTRICT
STANDARD OPERATING PROCEDURE

WRITTEN BY: *[Signature]* APPROVED BY: *[Signature]* NUMBER: 52

SUBJECT: FIRE HAZARD COMPLAINT

DATE: 23JUN95

Any member of the Public who has a Fire related Complaint within the Bodega Bay Fire District, shall complete the OFFICIAL FIRE HAZARD COMPLAINT FORM. No complaint will be investigated without this form. No verbal complaint will be accepted.

The forms are kept on the desk area of the fire station.

The person with the complaint, must complete the top section of the form. The person has the option to identify themselves or sign their name on the bottom of the form.

Once completed, the form shall be forwarded to the Administrative Office for action and investigation.



BODEGA BAY FIRE PROTECTION DISTRICT



OFFICIAL FIRE HAZARD COMPLAINT FORM

Date: _____

Nature of Fire Hazard Complaint: _____

Location of Fire Hazard: _____

Reporting Party: _____
(OPTIONAL)

***** TO BE COMPLETED BY FIRE DISTRICT EMPLOYEE *****

Official Receiving Report: _____

Date of On-Site Investigation: _____

Findings: _____

Deposition: _____

SIGNATURE OF REPORTING PARTY
(OPTIONAL)

SIGNATURE OF FIRE DISTRICT OFFICIAL