



**BUREAU OF FIRE PREVENTION
CFO DIRECTIVE 2021 - 01
COMPLAINT REVIEW**

COMPLAINANT INFORMATION

Date of Complaint: _____ 20____
Complainant Name: _____
Address: _____
City _____ State _____ Zip Code _____
Phone: Residential: _____ Cell _____
Email address: _____
Property Type: Commercial Residential

SUMMARY OF COMPLAINT

COMPLETED BY BUREAU

Blasting Activity: Comply with Did not comply with, applicable statutes and rules

Disposition of Blasting Activities: Active Closed

Does blasting activities reviewed support future actions? Yes No

Date complainant notified of final disposition: _____ 20____

Date uploaded to database: _____ 20 ____

Complainant Contact Date: _____ 20 ____ Contacted By _____