



# Fire Prevention Complaint Form



**City of Pompano Beach • Bureau of Fire Prevention**  
**100 West Atlantic Boulevard, Room 220 Pompano Beach, FL 33060**  
**Phone: (954) 786-4978**

**Please fill out the form to the best of your knowledge and be as specific as possible.**

**Note: Sufficient information must be provided in order for your complaint to be addressed.**

Date:	
Incident Number:	

**Please provide information about the non-complying party in this section.**

Business Name:			
Address:			
Cross Street:		(For example: Atlantic Blvd & Federal Hwy)	

Corner of Intersection:		NE		NW		SE		SW
Property Type:		Commercial						
		Residential						

Please indicate if this issue represents an imminent risk to life safety		Yes		No
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**Nature of Issue:**

	Fire Alarm System		Obstructed Exit		Work without Permit
	False/Nuisance Alarm		Fire Extinguishers		Investigations
	Alarm Monitoring		Kitchen Extinguishing System		Other
	Fire Sprinklers		Improper Spray Painting		
	Fire Hydrants		Barbeque Issues		
	Water Supply		Open Burning		
	Fire Apparatus Access		Overcrowding		
	Fire Lanes		School Drills		

Complaint Description:

**Complainant's Contact Information**

Contact information is not required; however it will assist us in contacting you if we need further information.

Name:	
Contact Number:	
Email Address:	

I would like to be notified of the inspection results:		Yes		No
I would like this complaint to remain anonymous:		Yes		No

If yes Reason Why:	

**For Fire Prevention Use Only**

Complaint Entered By:		Date:	
Inspector Assigned:		Date:	

**Results:**

Date:	