



# Emergency Prevention Division

Travis County Emergency Services District 9  
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## COMPLAINT FORM

Date: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Building Owner/Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<b><u>How Was the Complaint Received?</u></b>
<input type="checkbox"/> Phone
<input type="checkbox"/> Mail
<input type="checkbox"/> In Person
<input type="checkbox"/> Email
<input type="checkbox"/> Co. Officer - Incident # _____

Nature of Hazard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Prevention Use Only</b>	
Inspector Assigned: _____	Date Assigned: _____
Findings: _____ _____	
Action Taken: _____ _____	
Require follow-up - ( ) yes ( ) no	Investigation Complete - ( ) yes ( ) no
_____ Inspector	_____ Date