



**Division of Fire Safety  
Fire Suppression Program**

690 Kipling, Suite 2000  
Denver, CO 80215  
303-239-4600 Fax: 303-239-5887  
*steve.gasowski@cdps.state.co.us*

**DFS USE ONLY**

Date Received: \_\_\_\_\_  
Entered in Database? Y  N  Date: \_\_\_\_\_  
Complainant Contacted? Y  N  Date: \_\_\_\_\_  
Defendant Contacted? Y  N  Date: \_\_\_\_\_  
Disciplinary Action? Y  N  Type: \_\_\_\_\_  
Issue Resolved? Y  N  Date Closed: \_\_\_\_\_

**Fire Suppression Program Complaint Form**

Is this complaint concerning a: Fire Suppression Contractor  Fire Inspector

Contractor/Inspector's Name: \_\_\_\_\_ DFS Cert # (if known) \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

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

Town/Jurisdiction: \_\_\_\_\_

Please explain fully the reason for this complaint:  
\_\_\_\_\_

Were there any witnesses present? Yes  No

If "Yes", can you provide the witness's names and contact numbers?

Witness # 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness # 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Would you like to be contacted regarding this complaint? Yes  No

*The Division may act on anonymous complaints or those made by complainants who desire to remain anonymous. However, individuals submitting complaints should be aware that such complaints are public records and may be available to the public for inspection.*

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**Where to Send This Form?**

Option I: Email completed form to:

*steve.gasowski@cdps.state.co.us.*

**\*\*Please write "complaint" in your subject line.**

Option II: Print completed form and mail it to:

*Division of Fire Safety*

*Attn: Steve Gasowski*

*690 Kipling, Suite 2000*

*Denver, CO 80215*