



**FIRE PROTECTION BUREAU
EDUCATION, ENFORCEMENT, AND ANALYTICS SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3946 FAX: (360) 596-3934
E-Mail: firesprinkler@wsp.wa.gov**



INSTRUCTIONS

To lodge a complaint against a fire protection sprinkler system contractor and/or any of their staff:

- 1) The fire protection sprinkler system contractors' law applies to those operating within the trade, regardless of their licensing and/or certification status.
- 2) Provide as much information as possible regarding the company, site details, alleged violation(s), and the individual(s) involved. Avoid euphemisms, accusatory statements, or terms that may be considered vague, subjective, or require assumption to understand.
- 3) Please complete all sections. Use "N/A" if information is not available.
- 4) Please print legibly or type.
- 5) Attach copies of relevant documentation associated to the work and the violation(s) being reported (i.e., permits, contracts, bid notices, change orders, etc.).
- 6) Completed complaint forms and supporting documentation can be submitted via mail, e-mail (preferred), or fax to:

Fire Protection Bureau
Education, Enforcement, and Analytics Section
PO Box 42642
Olympia, WA 98504-2642

Fax: (360) 596-3934

E-mail: firesprinkler@wsp.wa.gov

The State Fire Marshal's Office will acknowledge receipt of the complaint form.



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SPRINKLER CONTRACTOR COMPLAINT

The Washington State Fire Marshal's Office (SFMO) can only enforce RCW [18.160](#), RCW [18.270](#), and WAC [212-80](#). Violations noted from any other laws, rules, and/or ordinances should be reported to the appropriate authority.

Date of Complaint: _____

Scope of Complaint (check all that apply)

- | | | |
|----------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Unlicensed Contractor | <input type="checkbox"/> Uncertified Employee(s) | <input type="checkbox"/> Working Without Local Permits |
| <input type="checkbox"/> False and/or Inaccurate Billing | <input type="checkbox"/> Working Beyond Their Scope | <input type="checkbox"/> Incompetence |
| <input type="checkbox"/> Negligence | <input type="checkbox"/> Compromising a Safety System | <input type="checkbox"/> Unsafe Working Conditions |
| <input type="checkbox"/> Violating a Stop Work Order | <input type="checkbox"/> Contracting Violation | <input type="checkbox"/> Other: Specify in <i>Complaint Summary</i> |

Sprinkler Contractor You Are Filing a Complaint Against

Company Name: _____

Complete Address: _____
Street Address or PO Box

City State ZIP Code

Phone Number: () _____ **FAX Number:** () _____

E-Mail and/or Web Address: _____

L&I Contractor Number: _____

Site Details and Project Information

Date Violation Occurred: _____

Name of Project/Building: _____

Site Owner: _____ **Phone Number:** () _____

Site Address: _____
Street Address or PO Box

City State ZIP Code

Name of General Site Contractor: _____

Plans Prepared By: _____ Engineer COC

Type of Construction: New Expansion Retrofit Repair

Building Type/Use: _____

Permitting Authority: _____

Permit Issued? Yes No **Permit Number:** _____

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Individuals Involved in the Violation

Name of Individual and Certification Number	Act of/Involvement in Violation(s)

Complaint Summary *(attach additional pages, as necessary):*

Complainant Contact Information

Phone Number: () _____ E-Mail: _____

This information may be subject to public disclosure.