



Fire Code Complaint Form

*This form is provided for NON-EMERGENCY complaints. If you believe there is imminent danger to life or safety
DIAL 911 IMMEDIATELY*

Please complete this form if you have reason to believe that a property does not comply with the Ontario Fire Code or there are fire hazards at a property.

Please fill out as much information as possible

Address of Violation(s): _____

Name of Building Owner/Manager: _____

Business Name (if applicable): _____

Owner/Manager Contact Info: _____

Name of Complainant (*to be kept confidential*): _____

Complainant Contact Number: _____

Description of Violation(s)

I, the undersigned, hereby acknowledge that I understand that all complaints are confidential until such time as the complainant may be required to testify in support of the complaint; and further I, the undersigned, acknowledge that if required, I will attend and testify in support of this complaint in any Court of Law in the Province of Ontario or before any Tribunal or Appeals Court or any other Hearing.

Signature of Complainant: _____

Date: _____