

Tangent Fire District

32053 Birdfoot Dr Tangent OR, 97389 Phone: (541) 928-8722 • Fax: (541) 928-0609



Website: <u>www.tangentfire.com</u>

Please fill out the form to the best of your knowledge and be as spec	ific as possible. Required fiel	ds are denoted with an asterisk (*).
Note: Sufficient information must be provided in order for your	complaint to be addressed.	
Today's Date:		
Please provide information about the non-complying party in this section	n.	
Street Address: *		
City: *	State: * Zip c	ode:
Cross Streets:/		
Business Name:		
Date of Incident/Report:		
Please indicate if this issue, in your opinion, represents an imminent * Nature of Issue:	risk to life or limb: Yes	∐ No
☐ Alarms ☐ Locked/ Disable	d/Obstructed Exit	☐ School drills
☐ Electrical Issues ☐ Hazmat ☐ Open burning		☐ Spray Painting☐ Sprinklers
☐ Fire Extinguishers ☐ Overcrowding ☐ Housekeeping		
☐ Fire Hydrants/ Fire Lanes ☐ Other ☐ Kitchen Extinguishing Systems ☐ Public/ Private Water Supply		
* Complaint Description:		
Are you a Tangent Fire District Employee? Yes No		
If you are a Tangent Fire District Employee provide your Name a	nd Rank Name	Rank
Complainant's Co	ntact Information	
Note: Providing your contact information is not required, however	-	g you if we need further information.
*Name (first, middle initial and last):		
*Phone Number:		
*Email Address:		
Mailing Address:		
I would like to be notified of the inspection results. Yes No		
For Fire Prevention Use Only		
Complaint Entered By:	_	
Complaint Reference #:	<u> </u>	