



CLARK COUNTY FIRE & HAZARD PREVENTION SERVICES DIVISION

575 E. Flamingo Rd, Las Vegas, NV 89119
Phone: (702) 455-3396 • Fax: (702) 455-7347

Please fill out the form to the best of your knowledge and be as specific as possible. Required fields 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.

Street Address: * _____
City: * _____ State: * _____ Zip code : _____
Cross Streets: _____ / _____ (For example: Sahara/ Las Vegas Blvd.)
Corner of Intersection: NE NW SW SE Residential Commercial
Business Name: _____
Date of Incident/Report: _____

Please indicate if this issue, in your opinion, represents an imminent risk to life or limb: Yes No

* Nature of Issue:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Locked/ Disabled/ Obstructed Exit | <input type="checkbox"/> School drills |
| <input type="checkbox"/> Barbeque Issues | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> False/ Nuisance Alarms | <input type="checkbox"/> Open burning | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Work done without Permit |
| <input type="checkbox"/> Fire Hydrants/ Fire Lanes | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Kitchen Extinguishing Systems | <input type="checkbox"/> Public/ Private Water Supply | |

* Complaint Description:

Are you a Clark County Fire Department Employee? Yes No

If you are a Clark County Fire Department employee, enter Station Number and Platoon: Station # _____ Platoon _____

Complainant's Contact Information

Note: Providing your contact information is not required, however it will help us in contacting 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 Department Use Only

Complaint Entered By: _____
Complaint Reference #: _____

System Entry Date: _____
Imaging Date: _____