



Village of Southampton  
 71 Hill Street, Suite #1  
 Southampton, NY 11968  
**DEPARTMENT OF FIRE PREVENTION**  
 Telephone 631 204-2152  
 Fax 631 283-0649

**DEAN McNAMARA**  
 Fire Marshal

## COMPLAINT FORM

- All required information shall be completed.
- No anonymous complaints will be accepted.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ COMPLAINT #: \_\_\_\_\_ TAX MAP #: 904- \_\_\_\_\_

COMPLAINANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPLAINANT ADDRESS: \_\_\_\_\_

LOCATION OF COMPLAINT: \_\_\_\_\_

\*Any false statement made herein is punishable as a misdemeanor, pursuant to section 210.45 of the NYS penal Law.

NATURE OF COMPLAINT:

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*Official use only:*

ASSIGNED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

*Comments:*

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CORRECTED \_\_\_\_\_ UNFOUNDED \_\_\_\_\_ LETTER SENT \_\_\_\_\_ SUMMONS ISSUED \_\_\_\_\_

OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_