GOODYEAR FIRE DEPARTMENT COMPLAINT FORM

Goodyear Fire Department Attn:
Fire Chief
14455 W Van Buren St, E103
PO Box 5100
Goodyear, AZ 85338
(623) 932-2300

Please complete this form and mail or deliver to the address above or email to Paul.luizzi@goodyearaz.gov.

Name of Complainant:		Case No.	Date of this Report:
Address:		City:	State: / Zip:
Home Phone:	Cell Phone:	Work Phone:	

INCIDENT INFORMATION	
Date of Incident:	Time of Incident: □ am □ pm
Address of Incident:	
Name(s) of Persons you are reporting about (if known):	
Have you reported this to anyone previously? □ Yes □ No If so, to whom:	Date:

Identify persons who actually saw the event (including Self, if applicable)

Name(s)	Address	Phone No.

Summary of incident of which you are complaining (Use additional sheets if necessary)

By submitting this, I do hereby declare under penalty of perjury under the laws of the State of Arizona that the information provided by me is true and accurate. I understand that any false, misleading, or untrue statements, accusations or allegations made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil and/or criminal prosecution. I realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of the Goodyear Fire Department to discuss this complaint.

Complainant's Signature:

Complaint Recipient:	Date:	Time: