



HEATH FIRE DEPARTMENT
Warren McCord
Fire Chief



Personnel Complaint Form

Date : _____

Name: _____

Address: _____

Phone #: _____

Incident Details:

Location: _____

Date of Incident: _____

Time: _____

Please provide a description of the incident.

Were any witnesses present? If so, please name them.

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

By signing this form, you acknowledge that are making this statement voluntarily, without reward, promise of reward, threat or force, to an investigator with the Heath Fire Department.

Signature

Date

CITY OF PROGRESS * CITIZENS WITH PRIDE

Fire Station 51
193 Heath Road, Heath, Ohio 43056
P: 740/522.4585

Fire Station 52
1365 Blackfoot Trail, Heath, Ohio
43056
P: 740/522.5101