



ST. MATTHEWS FIRE & RESCUE

COMPLAINT FORM



Please complete and submit this form. You may also mail this form to St. Matthews Fire & Rescue in a sealed envelope addressed to Assistant Chief: Administration, 240 Sears Avenue, Louisville KY 40207. You may remain anonymous if you choose to do so. However, if you do wish to remain anonymous, St. Matthews Fire & Rescue may be unable to substantiate that a violation/problem occurred, if sufficient information is not initially provided. St. Matthews Fire & Rescue would also be unable to follow up due to anonymity of the complaint.

Complainant Information

Name:

Address:

City, State

Zip:

Primary Phone:

Secondary Phone:

Email:

Incident Information

Date:

Address:

City, State

Zip:

Day:

Time:

**Reason /
Type of
Employee
Contact:**

**Nature of
Complaint:**

**Remedy
Sought:**

Complaint Statement

Instructions: Please describe below, in detail, the incident about which you wish to complain. Be specific about persons involved and their actions. Use as many pages of the statement form as needed.

