

Instructions for Processing FDNY Bureau of Fire Prevention Fire Hazard Reporting/Complaint Form

Form Name: FDNY Bureau of Fire Prevention Fire Hazard

Reporting/Complaint Form

Form Number: INTDOC - 5/2019

Purpose of form:

To provide instructions for the reporting of a fire hazard and fire safety related complaint

Who should use this document:

Any member of the public wishing to report a possible fire hazard or make a fire safety related complaint

After completion, the form should be E-mailed to: FDNY.BusinessSupport@fdny.nyc.gov

Once your request is submitted via e-mail, you will receive an e-mail response with an assigned Service Request Number. We will respond to your request as soon as possible, typically within 3 business days.

Corruption Complaints:

Any improper conduct by Fire Department personnel should be promptly reported to the FDNY Confidential Line at 718-999-2646 or the Inspector General at 212-825-2402 or 2409

Special Instructions:

If unable to submit this written report/complaint form you may contact the Fire Department by calling 311 and request to speak with the FDNY Fire Prevention Customer Service Center. If this is an emergency, call 911.



FDNY Bureau of Fire Prevention Fire Hazard Reporting/Complaint Form

If this is an emergency, immediately call 911.

You may call 311, Monday-Friday, 9:00am-4:00pm EST (excluding holidays) to speak with an FDNY Fire Prevention Customer Service Representative or you may e-mail your complaint to FDNY.BusinessSupport@fdny.nyc.gov.

Complaint Source: (This section is optional. If you wish to remain anonymous, leave this section blank)					
First Name:			Last Name:		
E-mail Address:			Telephone Number:		
Complaint Informa	ation:				
Borough: (select o	one of the follo	wing)			
Brooklyn	Bronx	Manhattan	Queens	Staten Island	
House Number		Street Name:			
Floor/Room/Apartment Number:		Zip Code:	Cross Str	eets:	
Additional Location	on Descriptio	n:			

Description of Fire Hazard/Complaint: (Identify the possible and time of occurrence) Attach additional sheets if necessary. relating to the fire hazard or complaint.					
Name of Building/Property Owner(s): (Optional)	Address of Building/Property Owner(s): (Optional)				
After completion, the form should be E-mailed to: FDNY.BusinessSupport@fdny.nyc.gov					
	ponse with an assigned Service Request Number. We will respond				
to your request as soon as possible, typically within 3 business					