

File an EMS complaint

Date: _____

Name of business/location of residence:

Address of incident

Street number and name: _____

City: _____

State: _____

Zipcode: _____

Your name: _____

Your phone number: _____

Your email address: _____

Detailed description of complaint:

After you have completed the form, please click the "Submit by email" button to email the form to the Dearborn Fire Department, or the "Print form" button to print.

Printed forms can be mailed to:

Dearborn Fire Marshal
3160 Oakwood Blvd
Melvindale, MI 48122

For questions, contact the Dearborn Fire Department at 313-943-2217.