

**MISSISSIPPI DEPARTMENT OF INSURANCE  
STATE FIRE MARSHAL'S OFFICE  
LIQUEFIED COMPRESSED GAS DIVISION**

Mike Chaney  
Insurance Commissioner and  
State Fire Marshal

Scottie Cuevas  
Executive Director  
LC Gas Division

**COMPLAINT FORM**

**INSTRUCTIONS:** Complete a separate form for each complaint filed. This form is for filing with the Liquefied Petroleum Compressed Gas Division of the State Fire Marshal's Office, relating to possible violations of NFPA 54, NFPA 58, and MS rules and regulations governing the regulation of Liquefied Petroleum Gas in the State of Mississippi. All complaints that are within the jurisdiction of the Commissioner of Insurance and the State Liquefied Compressed Gas Board, pursuant to *Miss. Code 75-57-1 et. seq.*, shall be investigated.

This Complaint Form, once completed, should be submitted to the LC Gas Division of the State Fire Marshal's Office via email at [LCGas-Group@mid.ms.gov](mailto:LCGas-Group@mid.ms.gov), or via US Mail at: Attn: LC Gas Division, State Fire Marshal's Office, P.O. Box 79, Jackson, MS 39202.

**(1) Complaint Filed Against:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**(2) Describe the Violation You Are Reporting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(3) Date of Violation:** \_\_\_\_\_

**(4) Location of Violation (Address):** \_\_\_\_\_

**(5) How Did You Become Aware of the Violation:**

\_\_\_\_\_  
\_\_\_\_\_

**(6) Person Filing This Complaint (print legibly):** \_\_\_\_\_

Telephone number: \_\_\_\_\_ ; Email Address: \_\_\_\_\_

Signature of Person Filing This Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Date assigned: \_\_\_\_\_ Inspector: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Report of Findings is attached: ( ) Yes; ( ) No