COMPLAINT FORM

Enforcement Division

Idaho **O**utfitters and **G**uides **L**icensing **B**oard
1365 North Orchard, Room 172 - Boise, Idaho 83706
208-327-7167 Enforcement
enforcement@oglb.idaho.gov

Reporting Person

Name: _____ Home #: _____

Address: _____ Work #: _____

City: _____ State: _____ Zip: _____ Cell #: _____

Complaint is Against

Person(s): _____
(Please provide a description that includes height, weight, age, race & gender)

Guide(s): _____ Outfitter: _____

License/tag # (vehicle, boat, ATV, trailer): _____
(Please describe vehicle, boats equipment etc.)

Complaint

Nature of Complaint: _____

Date(s) of occurrence: _____ County: _____ F&G Unit #:_____

Road #: _____ Location Description: _____

Details: (witness name, address, phone; attach a copy of correspondence, deposit payment; be specific & detailed – use additional pages)

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This complaint is true, accurate and complete to the best of my knowledge. (Signature Required)

Signature _____ Date: _____

Revised 7/22/13