

Please find enclosed the complaint form you requested. The following are some questions you may want to consider when completing this form. A copy of the Board's Rules and Regulations and Wyoming Statutes under which this Board operates are available on our website: <http://outfitters.state.wy.us> or by calling 1-800-264-0981.

Please attach any documents you feel will substantiate this complaint; i.e. correspondence, contracts, cancelled checks etc.

1. Are elements of a violation of the Board's Rules or Statutes present?
2. Are there any documents available to substantiate the complaint? Please attach.
3. Are there any witnesses in regards to this complaint? May they be contacted if necessary?

Please return this complaint form signed and notarized along with any attachments to the address listed at the top of the form. Feel free to call should you have any questions.

Wyoming State Board of Outfitters and Professional Guides  
1950 Bluegrass Circle, Suite 280  
Cheyenne, WY 82002  
1-800-264-0981  
<http://outfitters.state.wy.us>

**COMPLAINT FORM**

**Please attach any supporting documentation i.e. agreements, correspondence, receipts, etc.**

**COMPLAINANT INFORMATION:**

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip ( ) Phone

\_\_\_\_\_  
Email Address

**DETAILS OF COMPLAINT(S):**

Name of Person Complaint is against: \_\_\_\_\_

Business Name (If known): \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone Number (If known): \_\_\_\_\_

Reason for complaint (who? what? where? when? how?) Attach additional sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What violation or part of the Board's Practice Act (W.S. 23-2-406 et. Seq) do you allege has been violated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First contact between you and outfitter/professional guide/business (i.e., telephone, letter, etc.): \_\_\_\_\_

Did you sign a contract or written agreement? Y N If so, attach copy.

Did you receive a receipt? Y N If so, attach copy.

Have you discussed the complaint(s) with the business/person? Y N If yes, please give explanation. Attach an additional sheet if necessary. \_\_\_\_\_

\_\_\_\_\_

What agreement would you like to have made between you and the outfitter/guide? Attach an additional sheet if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PEOPLE WHO HAVE KNOWLEDGE OF OR WERE WITNESS TO THE COMPLAINT:**

These people may be contacted for further information. Attach additional sheet if necessary.

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship to complainant/complaint: \_\_\_\_\_

What knowledge does this person have (who? what? where? when? how?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PEOPLE WHO HAVE KNOWLEDGE OF OR WERE WITNESS TO THE COMPLAINT CON'T:**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship to complainant/complaint: \_\_\_\_\_

What knowledge does this person have (who? what? where? when? how?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship to complainant/complaint: \_\_\_\_\_

What knowledge does this person have (who? what? where? when? how?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to file a formal complaint against the party named. I understand that the Board of Outfitters and Professional Guides is not permitted to engage in the private practice of law, and therefore is not my lawyer or legal representative. I am, however, filing the complaint to notify the Board of the activities of this person or business. By signing this complaint I understand that this complaint and copies of all attachments may be forwarded to the person or business complained against.

I hereby certify to the best of my knowledge that the information I have provided in this complaint is true and correct.

\_\_\_\_\_  
Complainant Signature \_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to or affirmed before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name(s) or Person(s)

(Seal) \_\_\_\_\_  
Signature of Notarial Officer

My commission expires: \_\_\_\_\_

**Please return the completed form and any attachments to the address above.**