



COMPLAINT FORM - REGISTERED FORESTER

COMPLAINANT INFORMATION

Complainant's Full Name (First, Middle, Last)		Today's Date
Street Address, City, State, ZIP Code		
E-mail	Alternate E-mail	
Telephone Number	Cell Phone Number	

REGISTERED FORESTER INFORMATION (Please provide as much information as possible)

Registered Forester Name	Telephone Number	E-mail
Company Name of Registered Forester if Known		

Use the lines below to detail the issue you are filing a formal complaint about. Attach extra documentation if necessary. Please review the Public Act 116 of 2018, Sec. 53515 for the full list of duties a registered forester shall comply with before submitting your complaint.

Are you attaching extra documentation regarding this complaint? Yes No?

DNR USE ONLY

Date Received	Initials of Receiver	Date Sent to Board of Foresters
Registration Number of Registered Forester		Date Applicant was Notified of Response

MDNR Forest Resources Division
 Attn: Brenda Haskill
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 Gaylord, MI 49735
 Telephone: (989) 732-3541 ext. 5043
 Email: DNR-Forester-Registration@michigan.gov