## MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

284 State Street, 41 SHS Augusta, ME 04333 Phone 207-287-5252/Fax 207-287-6395

## **Incident Report Form**

In accordance with the provisions of MDIFW Chapter 7 rules for importation, possession, propagation, rehabilitation, and exhibition of wildlife, the following document shall be submitted in order to file a formal complaint or document a violation of policy, rules or law regarding wildlife in captivity.

Information about the Incident							
Date incident occurred:				Time:			
Location of incident (list facility and permittee name, if known):							
Type of incident bei	ng repo	rted:					
☐ Inappropriate human contact		Unsanitary conditions		<ul><li>Unsafe treatment of  Failure to report wildlife</li></ul>			
☐ Personal conflict		Insufficient facilities		☐ Inappropriate possession of wildlife			
Other (Please indica	te):						
Detailed description species involved etc):  Were there any other	er witne	sses or peopl	le involved?		s leading to the event, □ No		
(please list name, address							

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Submitter Information							
Individual submitting re	port (print name):						
Date submitted:  Report by Submitter is:  First- hand Third-party	Phone ( ) _ Email: Physical Address	Submitter Contact information: Phone ( )  Email:  Physical Address:					
Complainant's relationsh	nip to the Incident:	☐ Veterinarian					
□ Volunteer	□ Intern	☐ Sub-permittee					
☐ Department Staff	□Vendor	☐ Other (please list)					
	oleted by Maine Inlan	d Fisheries and Wildlife					
Report received by:							
Action taken:							

## Please submit this form:

Maine Department of Inland Fisheries and Wildlife ATTN: Wildlife Rehabilitation 41 State House Station Augusta, ME 04333-0041

or via email to: Rehab.IFW@maine.gov

Revised January 2020 2