



Logging Dispute Resolution Board
COMPLAINT

LDRB Form 1

Complainant:

Name _____

Address _____

Phone _____

E-Mail (if available) _____

Complainant Representative (if any)

Phone/E-mail (if available) _____

Nature of Complainant

☐ Forest Products Harvester

☐ Forest Landowner

Nature of Dispute (check all applicable boxes)

☐ Wage Violations

☐ Contract Violation

☐ Payout Amounts

☐ Hiring

The facts supporting this allegation have been set out in separate numbered paragraphs in an accompanying Concise Statement of Facts. The Concise Statement of Facts consists of _____ page(s).
(# of pages)

Complainant requests the following relief/remedy:

CERTIFICATION: I certify that this complaint, including the accompanying Concise Statement of Facts, is true and correct to the best of my knowledge and belief. I understand that the law imposes penalties for false statements provided in these documents.

Signature _____

Date _____

Name _____

Title _____

Certificate of Service

I certify that on _____ (date), I served a copy of this complaint and accompanying Concise Statement of Facts on _____ (name of party) by ☐ mail / ☐ hand delivery ☐ delivery via _____ delivery service (indicate which method), at the following address: _____.

Service of this complaint will be considered complete on the date that service was provided to the other party by email, so long as service by mail, hand delivery or delivery via a delivery service occurred on the same calendar day.

This form may be filed electronically with the Logging Dispute Resolution Board by sending it as an attachment in an email sent to mlrb@maine.gov.