MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

353 Water 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 27 rules for an animal damage control agent certification and the administrative policy regarding human-wildlife conflicts, the following document shall be submitted in order to file a formal complaint or document a violation of policy, rules or law regarding human-wildlife conflict resolution.

Information about the Incident		
Date incident occurred:		Time:
Location of incident	(list facility and permittee n	ame, if known):
Type of incident bei	ng reported:	
☐ Inappropriate Language/Behavior	☐ Unsafe practices	☐ Inhumane treatment ☐ Failure to report of wildlife
Personal conflict	Poor Business practices	Inappropriatepossession of wildlife
Other (Please indica	te):	
species involved etc):	of incident (what happe	ened, how it happened, factors leading to the event,
	and phone numbers if possib	

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Submitter Information				
Individual submitting report (print name):				
Date submitted:	Submitter Contact information:			
	Phone ()			
	Email:			
Report by Submitter is:	Physical Address:			
☐ First- hand				
☐ Third-party				
Complainant's relationship to t	the Incident:			
☐ Customer ☐	Employee Town			
□ Volunteer □	Intern			
☐ Department Staff ☐	Vendor			
To Be Completed by Maine Inland Fisheries and Wildlife				
Report received by:				
Action taken:				

Maine Department of Inland Fisheries and Wildlife
ATTN: Animal Damage Control
41 State House Station
Augusta, ME 04333-0041
or via email to: ADCReport.IFW@maine.gov

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