Wisconsin Master Logger Certification
Non-Compliance Complaint Form

Today's Date: _____

Complainant Contact Information

Name

Address

Phone

Email

Master Logger Information

Company Name

Please State the Nature of Your Complaint

Location of Complaint

County

Township

Township, Range, Section

Owner

City, Town, or Village (nearest)

Additional Information

Date and time of incident: _____

Have you been in contact with the company regarding this complaint? ☐ Yes ☐ No

What, if any, action has already been taken? _____

Other Information/Comments You Would Like To Provide

Return Completed Form To:
Wisconsin Master Logger Certification Program
PO Box 693, Florence, WI 54121
Or Fax To: 906-875-3724

Questions?
Contact Don Peterson, Coordinator
877-284-3882
wimlc@sbcglobal.net