Arkansas Forestry Commission

Complaint Form

Each complaint will be investigated and criminally prosecuted if confirmed.
All information remains strictly confidential.

Complainant Information

Date:	**Name:**	
Address:		
City:	**State:**	**Zip Code:**
Home Phone:	**Work Phone:**	
E-Mail:		

Suspect Information

Name:		
Address:		
City:	**State:**	**Zip Code:**
Home Phone:	**Work Phone:**	

Complaint Summary

Arkansas Foresty Commission • 3821 West Roosevelt Rd. Little Rock, AR 72204 • 501-296-1940 • Fax: 501-296-1949