



Incident Report Form

This form is to be used to document complaints against NILMDTS affiliate volunteers. All details of the complaint should be included for consideration of action by the NILMDTS Foundation Board of Directors or Membership Committee. In addition to the specific complaint or incident, a proposed solution or plan of action should be included by the complainant. Complainant will be notified of final result.

Directions: Complete form by using the tab key to move from field to field. Completed form should be saved with a unique file name and forwarded via e-mail to our headquarters office at headquarters@nilmdts.org.

Complainant Contact Information:		
First Name:	Last Name:	Date:
City, State:	Phone:	E-mail:
Volunteer Photographer Information:		
First Name:	Last Name:	
City, State:	Phone:	E-mail:
Details of Complaint/Incident: (attach additional paper if needed)		
Proposed Solution or Plan for Correction: (attach additional paper if needed)		
NILMDTS Office Use Only:		Date:
Final Result:		