



Complaint Packet

Once this packet is complete it can be submitted to PTSB either by mail, email, or fax.
Please see below for contact information:

PTSB
2001 Capitol Ave.
Emerson Building Room # 128
Cheyenne, WY 82002
Fax: 307-777-8718
Email: wyoptsb@wyo.gov

Instructions:

- 1. Please complete this packet in its entirety.
- 2. Complete Complaint Summary (Page 3). If additional space is required, please use additional paper.
- 3. All complaints must be signed (Page 3).
- 4. Once complete, please submit this packet to PTSB.

Name of Person Registering Complaint (Required)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Name of Counsel (If Any)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Name of Person Being Reported (Required)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Signature of Person Registering Complaint (Required)

Signature

Date

Specifics of Complaint

Please provide sequential history of relevant facts below. Include description of the incident(s), dates, alleged violation, statutory and regulatory grounds violated (see attached sheet), and attach documentation supporting your allegation. Include name, address and telephone number of all anticipated witnesses.

Please Note: The Licensee is notified, and a copy of the complaint is sent to the licensee as part of due process.

Complaint Summary: