WYOMING DEPARTMENT OF TRANSPORTATION
Compliance & Investigation
5300 Bishop Blvd, Cheyenne, WY 82009
307-777-3815 / 307-777-4229 fax

WITNESS/COMPLAINANT STATEMENT

DEPARTMENT: **COMPLIANCE & INVESTIGATIONS** ***DATE:*** _____ ***TIME:*** _____

COMPANY/LICENSE NUMBER: _____

WITNESS/COMPLAINANT: _____
(Name) (Title)

_____
(Address) (Phone)

OBSERVATION/COMPLAINT:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

WITNESS/COMPLAINANT:

_____ _____ _____
(Signature) **(Title)** **(Date)**

INVESTIGATOR: _____ ***DATE:*** _____

OBSERVATION/COMPLAINT (Cont.):

SIGNATURE: *DATE:*