VIOLATION REPORT FORM

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YOUR NAME	YOUR HOME OR BUSINESS ADDRESS
PHONE NUMBER	EMAIL ADDRESS
DATE/TIME OF INCIDENT	
LOCATION OF INCIDENT Address and name of the facility or incident. Of the were when you observed the violation.	Cross-roads or GPS coordinates are helpful. Note where you
OTHERS INVOLVED Did anyone else observe this? Please share the	eir name and contact information, if available.
WHAT WAS OBSERVED? SEE THE SAND SENTINEL PROGRAM FOLD TO AIR, WATER, OR TRANSPORTATION VIO	ER FOR HELPFUL INFORMATION TO COLLECT, RELATED DLATIONS.
What led you to file a report? What did you see a one-time incident or repeating?	e, hear, or smell that is relevant? Who was involved? Is this
SUPPLEMENTAL MATERIALS Are there photographs, videos, data, or other	evidence of the incident? Where can they be found?
SIGNATURE	DATE

VIOLATION REPORT FOLLOW-UP

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DATE REPORTED
WHO REPORTED THE INCIDENT?
METHOD OF REPORTING By phone, email, online, in person. If possible, list the agency or organization you reported to and the individual who took the report if there was one. For example, DNR, the county, sheriff's office, etc.
REQUESTS MADE Note if you made any requests in your report. For example, did you ask for written acknowledgement of the complaint or a site visit from a regulating authority?
RESPONSES Did anyone follow up with you after you filed this report? How? Who? When?