



*** REQUEST FOR INQUIRY FORM ***

(please type or print)

Any person may submit a written request for an inquiry concerning compliance with the Minimum Standards for Domestic Violence Offender Intervention Programs by completing this form and submitting it to ICDVVA, PO Box 83720, Boise, ID 83720-0036

REQUEST FOR INQUIRY MADE BY:

Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Phone: _____
Home _____ Work _____ Cell _____

Email: _____

REQUEST FOR INQUIRY IS REGARDING:

Name: _____

Business Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Phone: _____
Home _____ Work _____ Cell _____

Please list the specific standard(s) that your written request for inquiry is related to: _____

Details (please include, on a separate sheet of paper a written account of your inquiry including dates, times, names of witnesses with addresses, phone numbers, and any other relevant information, i.e., police reports filed, licensing bureau complaint filed, etc.)

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct. (A SIGNATURE IS **REQUIRED**)

Signature _____

Date _____