



### COMPLAINT FORM

(Please print or type)

Date: \_\_\_\_\_

Attention: Board Secretary/Treasurer

I respectfully submit this complaint to the Board and request that they accept it as a matter within its jurisdiction and responsibility. If this complaint is assigned for investigation, I agree to cooperate fully with such investigation and to permit the Board Investigator to see and/or copy any documents necessary for a complete investigation.

COMPLAINANT (Person filing complaint):

COMPLAINT IS AGAINST:

\_\_\_\_\_  
Your name (in print)

\_\_\_\_\_  
Name of individual and license/registration, if known

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Business name, if any

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Daytime Telephone / FAX Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home or Evening Telephone

\_\_\_\_\_  
Daytime Telephone / FAX Number

\_\_\_\_\_  
E-mail Address (if any)

\_\_\_\_\_  
E-mail Address or Website (if known)

1. My problem is:     Service  
                            Unlicensed Practice  
                            An issue, incident or violation of statute, rules and regulations

2. Complaint Details:

I paid a fee for services rendered.  Yes, \$ \_\_\_\_\_ on (Date) \_\_\_\_\_  No

Specific dates of services provided. From \_\_\_\_\_ To \_\_\_\_\_

I made a complaint to the individual(s) involved by:

- Telephone on (date/s) \_\_\_\_\_  
 Regular Mail on (date/s) \_\_\_\_\_  
 E-mail on (date/s) \_\_\_\_\_

**3. DESCRIPTION OF YOUR COMPLAINT:** Be specific. Who else is involved? Give names, addresses and telephone numbers of any witnesses or persons you dealt with. Give dates and details of your contacts. Include copies of **ALL** documents including plans, maps, letters, contracts, etc. relative to the complaint. If there is no written contract, provide details of the agreement. Attached additional sheets if space is insufficient.

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**4. WHAT DO YOU WANT THE BOARD TO ACCOMPLISH IN RESOLVING YOUR COMPLAINT?**

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**5. DECLARATION**

I declare, under penalty of perjury, that the information contained in this complaint (including any attached pages) is true and correct to the best of my knowledge and belief.

I agree that all documents in this complaint will be a public record once the complaint is deemed to have merit.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* THIS PORTION FOR OFFICE USE ONLY \*\*\*\*\*

CASE NUMBER: \_\_\_\_\_ Date Closed: \_\_\_\_\_

Date Opened: \_\_\_\_\_

License Number/Exp. Date: \_\_\_\_\_

Violation: \_\_\_\_\_

Board Action: \_\_\_\_\_

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