



Asa Hutchinson
Governor

Daryl Bassett
Secretary

Arkansas State Board of Registration for Professional Geologists

FORM OF COMPLAINT

(For use in filing complaints with the Arkansas Board of Registration for Professional Geologists)

Instructions:

1. Please type or print legibly.
2. Please provide a daytime contact number (work and cell, if possible)
3. Give the full name(s) of the licensee(s) or non-licensee complained against.
4. State facts briefly and clearly.
5. Be sure to give exact dates. If not possible, give month and year.
6. State the names of persons who were present and can verify oral communications and agreements.
7. Furnish full names, addresses, and daytime telephone numbers of ALL persons who can confirm your allegations.
8. Sign this complaint form and have your signature witnessed by a notary public.

Name of Complainant

Contact Number

Address (City, state, zip)

Name of the licensee(s) or person practicing without a license

Name of Company involved (if applicable)

Contact number

Address (City, state, zip)

COMPLAINT:

State briefly the accurate and truthful facts giving rise to this complaint:

Signature of complainant

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission expires