COMPLAINT FORM

For Use to File Complaints with the Arkansas Board of Licensure for Professional Engineers and Professional Surveyors
P.O. Box 3750, Little Rock, Arkansas 72203
Phone (501)682-2824, Fax (501)682-2827 Email: pelsboard@arkansas.gov

INSTRUCTIONS:

1. Please type or print legibly.
2. State facts briefly and clearly and attach copies of plats and/or documents to support your allegations.
3. Attach additional pages if needed.

NOTE: If you are unable to comply with any of these instructions because of a disability, contact the Board about the provisions of the Americans with Disabilities Act.

_____
YOUR NAME ADDRESS CITY STATE ZIP

_____
HOME TELEPHONE NUMBER WORK / DAYTIME TELEPHONE NUMER

_____
NAME (S) PERSON (S) AGAINST WHOM YOU ARE FILING THIS COMPLAINT

_____
NAME OF COMPANY

_____
ADDRESS CITY STATE ZIP

COMPLAINT

STATE OF _____

COUNTY OF _____

I / We _____, being first duly sworn state (s)
Name of complainant (s)

_____
State briefly the accurate and truthful facts giving rise to the complaint.

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Signature of Complainant

_____
Signature of Co-Complainant

Sworn to and subscribed before me this _____ day of _____, 20_____

_____
(SEAL) Notary Public

My commission expires: _____

List below the persons that can confirm all or part of your foregoing statements:

_____
Name Address Telephone Number

_____
Name Address Telephone Number

_____
Name Address Telephone Number