

Alabama Board of Licensure for Professional Geologists 2777 Zelda Rd Montgomery, AL 36106 334/420-7236 Fax: 334/263-6115 <u>www.algeobd.alabama.gov</u> Email: <u>geology@warrenandco.com</u>

COMPLAINT FORM

INSTRUCTIONS: Please complete this form and fax or mail to the above address. Also, any supporting documentation regarding this complaint should be attached and submitted as well. Make copies of this form as needed.

Name of Geologist			Your Name		
Company Name (if applicable)			Company Name (if applicable)		
			Address		
City	State	Zip	City	State	Zip
Telephone		Telephone Number			
Fax Number		Fax Number			
Website/Email Address			Email Address		
Is the "Geolo	ogist" Licensed?	Yes	No		
Date of Serv	ices				
Description of	of services provide	ed:			

Did you sign a contract? Yes____ (On what date?)_____ No____

Have you consulted an attorney? Yes_____ No____ Please provide the Attorney's Name, Address, & Contact Information Below:

Attorney's Name			
Firm's Name			
Address			
City	State	Zip	
Telephone Number	Fax Number (if applicable)		
Email Address (if applicable)			
Is there currently any action pendin complaint? Yes No If so, please describe:	•	nces surrounding this	
Would you be willing to testify in an deemed necessary? Yes No	n administrative proceeding he	ld before the Board if	
Please explain the entire circun your attempts to rectify the situa as needed.) You must incluc contracts, cancelled check(s), re complaint form.	ation with the geologist. (At de copies of all pertinent	tach additional sheets documents such as	

STATEMENT OF ACKNOWLEDGEMENT:

I WISH TO FILE THIS COMPLAINT WITH YOUR OFFICE. I UNDERSTAND THAT YOUR OFFICE DOES NOT CONDUCT LITIGATION FOR INDIVIDUALS IN MATTERS WHICH INVOLVE PURELY PRIVATE CONTROVERSIES. I ALSO UNDERSTAND THAT I MAY LOSE THE RIGHT TO SUE ABOUT THIS MATTER ENTIRELY OR FOR PART OF WHAT I MIGHT BE ENTITLED TO IF I WAIT ON ACTION BY THE ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS. I AM, HOWEVER, FILING THIS COMPLAINT TO NOTIFY YOUR OFFICE OF THE ACTIVITIES OF THIS PARTY AND TO SEEK ANY OTHER ASSISTANCE YOU MAY **BE ABLE TO RENDER.**

I SOLEMNLY SWEAR OR AFFIRM THAT THE STATEMENTS MADE HEREIN AND ON ANY ATTACHMENTS HERETO ARE ACCURATE, COMPLETE, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of	Person	Filing	Complaint
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Print Name

Date

Subscribed and Sworn to before me this day of

20____.

Signature of Notary Expiration of Notary

Notary Stamp/Seal