Alabama Board of Licensure for Professional Geologists



610 S. McDonough Street Montgomery, Alabama 36104 Telephone: (334) 269-9990 Fax: (334) 263-6115

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 Company Name (if applicable) Address			Your Name Company Name (if applicable) Address								
						City	State	Zip	City	State	Zip
						Telephone			Tele	ephone 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 No	_(On what date?)	
Have you consulted an attorned Please provide the Attorney's			ation Below:
Attorney's Name			
Firm's Name			
Address			
City		State	Zip
Telephone Number		Fax Number (if ap	oplicable)
Email Address (if applicable)			
<i>Is there currently any action p complaint? Yes If so, please describe:</i>	ending as a No	a result of the circumsta	ances surrounding this
Would you be willing to testify deemed necessary? Yes		inistrative proceeding h	eld before the Board if

Please explain the entire circumstances surrounding your complaint, including your attempts to rectify the situation with the geologist. (Attach additional sheets as needed.) You must include copies of all pertinent documents such as contracts, cancelled check(s), receipts, etc. Please be sure to sign and date this complaint form.

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 Fill	ing Complaint		
Print Name			
Date			
Subscribed and Sworn to before me this day of			
20			
Signature of Notary	Expiration of Notary	Notary Stamp/Seal	