**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

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**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.

<table>
<thead>
<tr>
<th>YOUR NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>HOME TELEPHONE NUMBER</th>
<th>WORK / DAYTIME TELEPHONE NUMBER</th>
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<tr>
<th>NAME (S) PERSON (S) AGAINST WHOM YOU ARE FILING THIS COMPLAINT</th>
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<table>
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<tr>
<th>NAME OF COMPANY</th>
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<th>ADDRESS</th>
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</thead>
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**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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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Revised 06/06/2012
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
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