



Alabama Board of Licensure for Professional Geologists PO
Box 301010
Montgomery AL 36130-1010
Phone: 334/420-7236
Website: www.algeobd.alabama.gov
Email: geology@alstateboard.gov

COMPLAINT FORM

INSTRUCTIONS: Please complete this form and 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

Address

City State Zip

City State Zip

Telephone Number

Telephone Number

Website/Email Address

Email Address

Is the "Geologist" Licensed? Yes _____ No _____

Date of Services _____

Description of services provided:

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

Email Address (if applicable)

Is there currently any action pending as a result of the circumstances surrounding this complaint? Yes____ No____
If so, please describe:

Would you be willing to testify in an administrative proceeding held before the Board if deemed necessary? Yes____ No____

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 HERE TO ARE ACCURATE, COMPLETE, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing Complaint

Print Name

Date

Subscribed and Sworn to before me this _____ day of _____

20_____.

Signature of Notary

Expiration of Notary

Notary Stamp/Seal