



# Indiana Board of Licensure for Professional Geologists

## COMPLAINT

My Complaint applies to:       Licensed Practice                       Unlicensed Practice

Person/Organization (Petitioner) Making Complaint:	Complaint Against (Respondent):
Name:	Name:
Address:	Address:
Phone/Fax/E-mail:	Phone/Fax/E-mail:

Description of Complaint: Please provide detailed facts only and avoid opinions. Attach additional sheets if necessary. Include copies of all documents pertaining to this Complaint. This includes contracts, reports, maps, data, cross-sections and any correspondence relevant to this Complaint.

### Witnesses

Name	Address	Phone

How would you like your Complaint resolved?

I understand that the Indiana Board of Licensure for Professional Geologists will notify the Respondent of this Complaint. I certify that the information on this form is true and accurate to the best of my knowledge. I agree to release to the Board any information or document(s) the Board requests in the investigation of this Complaint.

Signature:	Date:
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State of \_\_\_\_\_ ) Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

) SS:

County of \_\_\_\_\_ )

\_\_\_\_\_, Notary Public

My Commission Expires: \_\_\_\_\_ Resident of \_\_\_\_\_ County