



State of Arkansas

BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
3815 West Roosevelt Rd
Little Rock, AR 72204

FORM OF COMPLAINT

(For use in filing complaints with the Arkansas Board of Registration for Professional Geologists)

Instructions:

1. Please type or print legibly.
2. Please provide a daytime contact number (work and cell, if possible)
3. Give full name(s) of the licensee(s) or non-licensee complained against.
4. State facts briefly and clearly.
5. Be sure to give exact dates. If not possible, give month and year.
6. State the names of persons who were present and can verify oral communications and agreements.
7. Furnish full names, addresses, and daytime telephone numbers of ALL persons whom can confirm your allegations.
8. Sign this complaint form and have your signature witnessed by a notary public.

Name of Complainant

Contact Number

Address

Contact Number

City

State

Zip

Name of Licensee(s) against whom you are filing complaint OR Name of person practicing without a license

Name of Company involved (if applicable)

Telephone Number

Address

City

State

Zip

SEND COMPLAINT TO:

ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS
3815 West Roosevelt Rd
Little Rock, AR 72204
TELEPHONE: (501) 683-0150 FAX: (501) 663-7360

