

OREGON STATE BOARD OF GEOLOGIST EXAMINERS
707 13TH STREET SE, SUITE 114
SALEM, OR 97301



COMPLAINT FORM

WHO IS THIS COMPLAINT FILED AGAINST?

Name

Registration No. [if known]

Company Name [if applicable]

Address

City

State

Zip

Email

Phone No. [if known]

WHO IS FILING THIS COMPLAINT?

Name

Address

City

State

Zip

Email

Home Phone

Business Phone

PLEASE COMPLETE BOTH PAGES, PRINT, SIGN AND DATE PAGE 2 AND MAIL TO THE BOARD OFFICE.

Please provide a statement of facts and allegations surrounding your complaint. Please also attach any supporting documents.

I hereby declare under penalty of perjury that the above statements and information are true to the best of my knowledge, information, and belief and that I am providing these statements and information for the purposes of ORS 671.665 to prefer charges against the above registrant(s).

Signature: _____ Date: _____

Print Name: _____