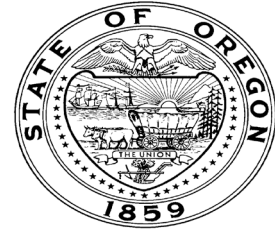


OREGON STATE BOARD OF GEOLOGIST EXAMINERS
707 13TH STREET, STE. 114
SALEM, OR 97301



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.

