

## **Indiana Board of Licensure for Professional Geologists**

## **COMPLAINT**

My Complaint applies to:	☐ Licensed Practic	ce Unlicense	ed Practice		
Person/Organization (Petitioner) Making Complaint:		Complaint Agair	Complaint Against (Respondent):		
Name:		Name:			
Address:		Address:	Address:		
Phone/Fax/E-mail:		Phone/Fax/E-m	Phone/Fax/E-mail:		
Description of Complaint: Please of all documents pertaining to this relevant to this Complaint.	provide detailed facts s Complaint. This inc	s only and avoid opinions. Att cludes contracts, reports, map	ach additional sheets if s, data, cross-sections ar	necessary. Include copies nd any correspondence	
Witnesses					
Name		Address		Phone	
Name		Address		Phone	
Name		Address		Phone	
Name  How would you like your Complain	ant resolved?	Address		Phone	
	int resolved?	Address		Phone	
	ard of Licensure for Pi is true and accurate to	rofessional Geologists will not o the best of my knowledge. I		is Complaint. I certify	
How would you like your Complain I understand that the Indiana Boathat the information on this form	ard of Licensure for Pi is true and accurate to	rofessional Geologists will not o the best of my knowledge. I		is Complaint. I certify	
How would you like your Complain  I understand that the Indiana Boat that the information on this form document(s) the Board requests in Signature:	ard of Licensure for Pi is true and accurate to n the investigation of	rofessional Geologists will not o the best of my knowledge. I this Complaint.	agree to release to the E	is Complaint. I certify Board any information or	
How would you like your Complain  I understand that the Indiana Boathat the information on this form document(s) the Board requests in	ard of Licensure for Pr is true and accurate to n the investigation of Sworn and subscrib	rofessional Geologists will not o the best of my knowledge. I this Complaint. Date:	agree to release to the E	is Complaint. I certify Board any information or	