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:

State of _____)
) SS:
County of _____)

Sworn and subscribed before me this _____ day of _____, 20____.

_____
_____, Notary Public

My Commission Expires: _____ Resident of _____ County

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Indiana Geological and Water Survey
Indiana University

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