



West Virginia State Board of Registration for Professional Engineers
300 Capitol Street, Suite 910, Charleston, WV 25301

COMPLAINT FORM

PLEASE TYPE OR PRINT LEGIBLY AND RETURN TO THE ABOVE ADDRESS

DATE COMPLAINT SUBMITTED: ____ / ____ / 20__

CASE NO. _____

FILING DATE: _____

FOR OFFICE USE ONLY

COMPLAINT ISSUED BY:

NAME: _____
FIRST MIDDLE LAST (SR., JR., III)

ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP

E-MAIL ADDRESS: _____ FAX NUMBER: () - _____

HOME PHONE: () - _____ WORK PHONE: () - _____

COMPLAINT ISSUED AGAINST:

BUSINESS / INDIVIDUAL NAME: _____
FIRST MIDDLE LAST (SR., JR., III)

ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP

TELEPHONE: () - _____ WV PE LICENSE NO: _____

COMPLAINT IS REGARDING:

- SERVICE
- AN ISSUE, INCIDENT, OR VIOLATION OF STATUTE, RULE, OR REGULATION OF THE WV CODE
- PRACTICE WITHOUT A WV PROFESSIONAL ENGINEER'S LICENSE
- PRACTICE WITHOUT A CERTIFICATE OF AUTHORIZATION (COA)
- OTHER: _____

DETAILS OF COMPLAINT:

PERSON(S) TO WHOM YOU COMPLAINED: _____

How?

- TELEPHONE DATE(S) _____
- REGULAR MAIL DATE(S) _____
- CERTIFIED MAIL DATE(S) _____
- OTHER DATE(S) _____

BRIEFLY DESCRIBE YOUR COMPLAINT IN THE SPACE BELOW. IF ADDITIONAL SPACE IS NEEDED, USE A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT, IN ADDITION TO COPIES OF ALL DOCUMENTS RELEVANT TO YOUR COMPLAINT SUCH AS CORRESPONDENCE, WITNESS STATEMENTS, DRAWINGS AND PLATS. DOCUMENTATION RECEIVED BY THE BOARD WILL NOT BE RETURNED.

LIST THE NAMES AND ADDRESSES OF ALL OTHER KNOWN PARTIES WHO HAVE A DIRECT INTEREST OR POSSESS PERTINENT INFORMATION IN THIS MATTER, WHOSE TESTIMONY SHOULD BE CONSIDERED BY THE BOARD IN DETERMINING ITS FINAL DISPOSITION OF THIS COMPLAINT.

WHAT REMEDIAL ACTION DO YOU WANT THE BOARD TO CONSIDER?

CONFIDENTIALITY NOTICE:

Please be advised that, in order to insure procedural due process, this complaint will be forwarded to the respondent against whom you have issued this complaint. This complaint, and any response thereto, is confidential during the initial investigation, but will become a matter of public record if the Board, by majority vote, takes action to proceed with the complaint. We ask for your cooperation in keeping this matter confidential during the investigative stage of the process.

AFFIDAVIT

I, _____, DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND ANY DOCUMENTS ATTACHED ARE TRUE COPIES. I AM AWARE THAT IF ANY STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT. I FURTHER STATE THAT I WILL VOLUNTARILY APPEAR AND TESTIFY TO THE FACTS IN THIS COMPLAINT IF CALLED UPON BY THE BOARD.

SIGNATURE OF APPLICANT

ACKNOWLEDGED BEFORE ME, THIS _____ DAY OF _____, 20 ____.

STATE OF _____

COUNTY OF _____

MY COMMISSION EXPIRES _____

NOTARY PUBLIC

(SEAL)