KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS Complaint Form

Name:				
Address:	City:	State:	Zip Code:	
Day Telephone:		Evening Phone:		
Business Name:				
Address:	City:	State:	Zip Code:	
Day Telephone:	Evening Phone:			
	Name	of Individual		
Name:				
		State:	Zip Code:	
Business Name:				
Address:	City:	State:	Zip Code:	
Day Telephone:	Evening Phone:			
Name and	phone number of person	is who may provide additiona	linformation	
1. Name:	Telephone:	Type of Informati	on:	
2. Name:	Telephone:	Type of Informati	Type of Information:	
3. Name:	Telephone:	Type of Informati	Type of Information:	
4. Name:	Telephone:	Type of Informati	on:	

Person Filing Complaint

Brief Summary of Complaint

(Please be specific as possible regarding names, dates, locations, and action which you believe to be improper, unethical or unprofessional. Please attach copies of any documents or records pertinent to your complaint.)

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature:	Date:
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Send to: KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS Phone: (502)564-3296 PO BOX 1360 FRANKFORT, KY 40602