



**Professional Practices Committee
Central Valley Chapter
California Land Surveyors Association**

P.O. Box 1149, Empire, Ca. 95319
ppc@californiacentralvalleysurveyors.org

CONFIDENTIAL COMPLAINT FORM

1. SUBJECT (Engineer or Land Surveyor)

Name of individual and license number, if known

Business Name, if any

Mailing Address

City, State, Zip Code

Daytime Phone Number Fax Number

Home/Evening Phone Number Cell Phone Number

E-mail Address or Website, if known

2. COMPLAINANT (Person filing complaint)

Your Name

Business Name, if any

Mailing Address

City, State, Zip Code

Daytime Phone Number Fax Number

Home/Evening Phone Number Cell Phone Number

E-mail Address

3. SUBJECT PROPERTY ADDRESS (if different from answer # 2) and/or description of property location, including city and/or county.

4. DESCRIBE YOUR COMPLAINT: Be specific. What happened? Who else is involved, including City or County agencies (names, addresses, phone numbers)? Give dates and details. Include copies of **ALL DOCUMENTS**, including plans, maps, letters, contracts, etc. If there is no written contract, explain the details of the agreement, including dates. Attach extra pages as required — be as complete as possible.

5. WHAT WOULD YOU LIKE THE PROFESSIONAL PRACTICES COMMITTEE TO ACCOMPLISH IN RESOLVING YOUR COMPLAINT?

6. DECLARATION

I declare, under penalty of perjury, that the information contained in this complaint, including any attached pages, is true and correct to the best of my knowledge and belief.

Signature

Date

**ALL INFORMATION CONTAINED HEREIN IS TO BE “CONFIDENTIAL”
UNTIL SUCH TIME AS THE COMPLAINT IS FORWARDED TO THE
BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS.**