



## 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: \_\_\_\_ / \_\_\_\_ / 20\_\_

#### OFFICE USE ONLY

CASE NUMBER: \_\_\_\_\_

OFFICIAL DATE RECEIVED: \_\_\_\_\_

OFFICIAL DATE FILED: \_\_\_\_\_

#### Complainant:

Name: \_\_\_\_\_  
First Middle Last (Sr., Jr., III)

Address: \_\_\_\_\_  
Street Address City County State Zip

E-mail Address: \_\_\_\_\_ Fax Number: ( ) -

Home Phone: ( ) - Cell Phone: ( ) - Work Phone: ( ) -

#### Complaint Against (Respondent):

Business / Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City County State Zip

Telephone: ( ) - WV PE License No: \_\_\_\_\_

WV Company COA No: \_\_\_\_\_

#### Complaint Is Regarding:

- ☐ Engineering Practice or Service
- ☐ Conduct likely to deceive, defraud or harm the public
- ☐ Practice without a WV Professional Engineer's License
- ☐ Practice without a Certificate of Authorization (COA)
- ☐ Other alleged violation(s) of WV Engineering Law: \_\_\_\_\_

#### Details of Complaint:

Person(s) to whom you complained: \_\_\_\_\_

How?

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> Telephone      | Date(s) | _____ |
| <input type="checkbox"/> Regular Mail   | Date(s) | _____ |
| <input type="checkbox"/> Certified Mail | Date(s) | _____ |
| <input type="checkbox"/> Other          | Date(s) | _____ |

## **ALLEGATIONS**

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, attach copies of all documents relevant to this complaint such as correspondence, witness statements, drawings and plats. Any documentation received by the Board will not be returned.

## **RELEVANT DOCUMENTS OR INTERESTED PERSONS**

List all relevant documents and the names and addresses of all other known persons or entities who have a direct interest or possess pertinent information in this matter, or 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?**

*(Note: The Board does not have authority to award the Complainant monetary damages)*

## **STATEMENT OF APPEARANCE AT HEARING**

I, \_\_\_\_ am / \_\_\_\_ am not, willing to appear under oath as a witness to testify concerning the allegations made in this Complaint. (The Complainant's unwillingness to testify may be the basis for the Board's dismissing the Complaint after the Board's investigation and preliminary consideration.) If you are not willing to testify, state your reasons.

## **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 lodged this complaint. This complaint, any response and complaint-related materials are confidential while the matter is being investigated. Complaint files are not public records until the matter has been resolved. We ask for your cooperation in keeping this matter confidential while this complaint is pending.

## **VERIFICATION**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ (print name), after making an oath or affirmation to tell the truth, say that the facts I have stated in this Complaint are true to the best of my personal knowledge and belief; and if I have provided information from others, I believe that information to be true; and if there are any documents attached to this Complaint, I believe that said documents are true and correct copies. I understand that deliberately failing to provide complete disclosure, and knowingly providing incorrect information constitute the crime of false swearing.

\_\_\_\_\_  
Signature of Complainant

This verification was sworn to or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

*(apply seal here)*