Florida Board of Professional Engineers

UNIFORM COMPLAINT FORM

Please return to:	Florida Board of Prot 2400 Mahan Drive	fessional Engineers
	Tallahassee, Florida	32308
Type or Print		Contact (other than yourself)
Your Name:		Name:
Address:		Address:
(Z	 IP)	(ZIP)
Telephone	ess Residence	Telephone
Your Occupation:		
		OF COMPLAINT
Name:	Engineer and/or Engin	eering Firm
Address:	Telep	hone:
City:	State:	·
Zip:	License # (if known):	
Private Attorney (if applicable)		nplaint? Yes No Date:
ľ	vame	
initiating any actions legal representative.	s to preserve your civil re Matters, which involve	Zip Telephone do not delay in consulting with an attorney or medies in this matter. The Board cannot be your monetary recovery or questions of restitution for ldressed to the court with appropriate jurisdiction.
Witnesses (Please g	ive full name and address)

Please see other side

Note: A copy of this form will be sent to the Engineer named in your complaint pursuant to 455.225(1) Florida Statutes.

Please give full details of your complaint. Include facts, details, and dates. Please attach copies of documents, records, correspondence, plans and contracts.

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature (required to file complaint)

Date