



ARKANSAS DEPARTMENT OF AGRICULTURE

Arkansas State Board of Registration for Foresters
1 Natural Resources Drive, Little Rock, AR 72205
(501) 224-2836

COMPLAINT FORM

Instructions:

1. Please type or print legibly. You may use additional paper if necessary to complete your response.
2. State facts briefly and clearly.
3. State specifically what part of the law (listed below) that you believe he/she has violated and why.
4. Please include names, addresses, and phone numbers of those who can confirm your allegations.
5. Please include copies of relevant documents that support your allegations (cruises, plans, contracts, etc.)
6. Please have your signature witnessed by a notary.

Persons required to be registered under A.C.A 17-31-100, et al shall be guilty of a Class A misdemeanor if that person:

1. Practices or offers to practice forestry without a valid certificate of registration
2. Claims or conveys the impression to be a forester without being licensed
3. Uses as his/her own the certificate of registration of another
4. Gives false or forged evidence to the Board
5. Uses an expired or revoked license
6. Is a registered forester who endorses any plan, specification, estimate, report, or map unless he/she actually prepared the said document or has been in actual charge or supervision of the preparation of it.

In addition, foresters registered under A.C.A. 17-30-100, et al may have his/her certificate of registration revoked or face fines or license suspension (as according to A.C.A. 25-15-217) if that forester is convicted of a felony or found guilty by the Board of:

- | | | |
|-----------------------------------|------------------------|---------------|
| a. Fraud, | d. Gross incompetence, | g. Misconduct |
| b. Gross negligence, | e. Deceit, | |
| c. Willful violation of contract, | f. Misrepresentation, | |

Complaint Information (Your Information)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell or Daytime Phone: _____

State of: _____ County of: _____

I, _____, being first duly sworn, hereby state:

Complaint: (State clearly and briefly all relevant information regarding the complaint including dates)

List below the persons that can confirm all or part of your preceding statements:

Name: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand that the Arkansas State Board of Registration for Foresters reserves the right to dismiss or consider this complaint and to determine if the circumstances require further action and to take that action, if any, which it deems is appropriate. The Board reserves the right to fully disclose as a matter of public record any and all information related to this complaint.

Signature of Complainant

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

My commission expires: _____