

STATE OF WEST VIRGINIA
BOARD OF PROFESSIONAL SURVEYORS
 1124 Smith Street, Suite 1200, Charleston, West Virginia 25301
 Telephone (304) 558-0350 Fax (304) 558-0352
 Website: www.wvbps.wv.gov Email: wvbps@wv.gov

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COMPLAINT FORM

The West Virginia Board of Professional Surveyors is an administrative board entrusted by law with the responsibility to protect the health, safety and welfare of the public regarding the practice of surveying. The Board does not have the authority to settle boundary disputes or determine the accuracy or location of a boundary survey. It can only determine if a professional surveyor violated any of the laws or rules governing the practice of surveying and administer the appropriate disciplinary action.

More than one person can file as the Complainant. If you are filing a complaint against more than one professional surveyor, please use a separate form and submit the complaints separately to the Board office. Feel free to make as many copies of this form as is necessary. A written statement attached to this form will help during the investigation to document the history of your relationship with the professional surveyor and clarify any allegations contained herein.

Complainant Information

Legal Name(s): _____

Preferred Name: _____

Mailing Address: _____

(_____) _____ - _____ (Home)

(_____) _____ - _____ (Cell)

(_____) _____ - _____ (Work)

(_____) _____ - _____ (Fax)

Email: _____

Property / Project Information

Landowner(s): _____

(If other than Complainant)

General Description of Property or Project: _____

General Location: _____

Tax Map / Parcel: _____

District: _____

County: _____

Surveyor / Respondent Information

Name: _____

Mailing Address: _____

_____ City State Zip code

(_____) _____ - _____ (Home)

(_____) _____ - _____ (Work)

(_____) _____ - _____ (Cell)

What is the Surveyor's License No.? _____

Who hired the Surveyor? _____

Was there a contract? Yes

No

Don't Know

If yes, was the contract: Written Verbal

Complaint Allegations and Attachments

I/we allege the above named Surveyor has violated the laws and/or rules that govern the practice of surveying (*please check all that applies*). By checking the following allegations, I/we do not intend to limit the Board's ability to pursue other violations against the Surveyor upon its own volition. Complainant's Initials: _____

- | | |
|--|--|
| <input type="checkbox"/> False Advertising | <input type="checkbox"/> Willful Departure from Accepted Standards of Professional Conduct, including Gross Negligence |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Professional Negligence (wanton indifference to the interests of the public) |
| <input type="checkbox"/> Unethical Practice | <input type="checkbox"/> Felony Offense (crimes that have dishonesty as a fundamental and necessary element) |
| <input type="checkbox"/> Unlicensed Practice | |
| <input type="checkbox"/> Incompetence (incl. Minimum Standards violations) | |
| <input type="checkbox"/> Other (please specify): _____ | |
| _____ | |

Briefly describe your complaint in the space below. Attach a written statement if additional space is needed.

Explain how you have been harmed and the remedial action you want the Board to consider?

List the names, addresses and phone numbers of all other parties who have a direct interest, who possess pertinent information in this matter, or whose testimony should be considered prior to the Board determining its final disposition of this complaint.

Copies of relevant documents, such as correspondence, invoices, contracts, witness statements, and survey documents may be attached to the complaint form along with a written statement. I/we understand that the documentation attached to this complaint becomes the property of the Board and will not be returned to me.

Are you attaching a written statement to this complaint? Yes No

Are you attaching supporting documentation to this complaint? Yes No

If you answered yes to the above question, please supply a document listing.

Confidentiality Notice

Please be advised that in order to ensure procedural due process, a copy of this complaint and any accompanying statement will be furnished to the Surveyor named in this complaint. This complaint, and any response thereto, is confidential during the initial investigation, but will become a matter of public record if the Board, by majority vote, determines that the complaint either has probable cause to proceed or recommends dismissal due to the lack of probable cause. The Board requests your cooperation in keeping this matter confidential during the investigation phase of the process.

Affidavit

I/we, _____, do hereby certify that the foregoing statements made by me/us are true, and any documents attached are true copies. Pursuant to *Legislative Rule 23 CSR 3-4.4*, I/we acknowledge that complainants are immune from liability for allegations contained in their complaints unless it can be proven the complaint is filed in bad faith or for malicious purposes. I/we further state that I/we will voluntarily appear and testify to the facts in this complaint if called upon by the Board.

Signature of Complainant(s)

Date

Signature of Complainant(s)

Date