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

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: _____ Preferred Name: _____

Mailing address: _____
Street/ PO Box City State Zip Code

Phone: _____ Cell: _____ Email: _____

Property Information

Landowners: _____

General Description of Property or Project: _____

General Location: _____

Tax/Map: _____ District: _____ County: _____

Surveyor/Respondent Information

Surveyor: _____ License Number: _____

Business Name: _____ COA Number: _____

Mailing address: _____
Street/ PO Box City State Zip Code

Phone: _____ Cell: _____ Work: _____

Who Hired the surveyor: _____

Was there a contract? ○ yes ○ no ○ don't know

If there was a contract, 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 apply). 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: _____

○ False advertising
○ Fraud
○ Unethical Practice
○ Unlicensed Practice
○ Incompetence
○ Other: _____

_____

○ Willful Departure from Accepted Standards of Professional Conduct, including Gross Negligence
○ Professional Negligence (wanton indifference to the interests of the public)
○ Felony Offense (crimes that have dishonesty as a fundamental and necessary element)

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 the 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 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.

Sworn Declaration

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 CRS 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: _____