

MISSISSIPPI Board of Registration for Foresters

P.O. Box 1884

Jackson, MS 39215-1884

(601)359-6107

foresters@msborf.ms.gov

COMPLAINT FORM

RECEIVED _____

COMPLAINT NO. _____

The practice of forestry without a license is prohibited by law and is a criminal offense. Mississippi Code Annotated, Section 73-36-35 as amended 1972.

Unprofessional or unethical conduct in the practice of forestry by a Registered Forester is prohibited. Mississippi Code Annotated, Section 73-36-33.

The Board is authorized by state law to regulate the practice of forestry in the state of Mississippi. The Board is authorized to pursue legal action against an unlicensed person practicing forestry and disciplinary action against a registrant for violations of the forestry law and rules and regulations of the Board. For the Board of Registration for Foresters to investigate an alleged violation, this complaint form should be completed in full, signed by the person making the complaint, notarized, and submitted to the Board office using the above address. 5/2020

INVESTIGATIVE COMMITTEE: _____ **Date Complaint Being Filed** _____

1. **Name of alleged offender:** _____

2. **Home address of alleged offender:** _____

Phone: _____ **Email:** _____

3. **Business address of alleged offender:** _____

Phone: _____ **Email:** _____

4. **Briefly describe your complaint; attach additional, numbered and signed sheets if necessary:** _____

The individual is: _____ Registered Forester RF# _____ (if known) _____ Unlicensed

Complaint is regarding: _____ Service _____ Unlicensed Practice
_____ An issue, incident or violation of the statute or rules: Law Section _____
Rule _____ Other _____

Details of Complaint: (Please complete where applicable)
Date of Transaction _____ Amount involved \$ _____
Did you make a complaint to the individual involved? _____
If so, how? _____ Phone _____ Mail _____ Email Date(s) _____
Person(s) you complained to: _____

5. List any supportive documents, including copies of court orders, receipts, cancelled checks or written evidence supporting or relating to the information identified in Number 4. Documents received will not be returned.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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

7. Name and address of person filing this complaint:

Name: _____
Address: _____
Phone: _____

In view of the above, I respectfully request that the Board accept this complaint as a matter within its jurisdiction and responsibility, as it bears on the right and privilege of the cited individual in Mississippi.

(Signature of Complainant)

(Date)

AFFIDAVIT

STATE of _____

COUNTY of _____

Personally, appeared before me with the within named, _____
(Name of Complainant)

Who acknowledged that they signed and delivered the foregoing instrument, on the day of the? _____
year therein.

Subscribed and sworn to before me this _____ day of _____, _____.
(Month) (Year)

NOTARY

My commission expires: _____

(Affix official seal, if applicable)

The Board of Registration for Foresters reserves the right to consider or dismiss 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 of Registration for Foresters reserves the right to fully disclose as a matter of public record all information obtained related to this complaint.