



Licensed Environmental Professionals Complaint Form

STATE USE ONLY

Complaint No. :

Date Received:

Date Referred to the Board:

Please submit a completed Complaint Form regarding a licensed environmental professional (LEP) to the Board of Examiners of Environmental Professionals at the address indicated at the end of this form. Print or type unless otherwise noted.

Part I: General Complaint Information

1. Complaint made by:

Name (Last, First, M.I.):

Business Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

2. LEP who is the subject of the complaint:

Name (Last, First, M.I.):

Business Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email:

LEP License Number:

3. Property Location: If the conduct that is the subject of your Complaint took place at or in connection with a particular property, please identify that property by either providing its address (street address and city/town) or by otherwise identifying its location.

Name of facility (if applicable) :

Street Address or Location Description:

City/Town:

State:

Zip Code:

Part II: Allegations

Describe the incident(s) that led to your Complaint and note the times and dates that events occurred. Please list the names of all individuals involved.

Check here if additional sheets are necessary, and label and attach them to this sheet.

Attach any additional information or documents needed to explain the details of your Complaint. Send ***copies not the originals*** of any related documents.

Part III: Authorization for Release of Records and Referral of Complaint

When you sign this form (or a photocopy thereof), you authorize the Connecticut State Board of Examiners of Environmental Professionals to: (1) conduct its own investigation and (2) possibly refer your Complaint to law enforcement authorities to investigate or prosecute your Complaint. Please be aware that your Complaint may be shown to the LEP whose conduct is being investigated.

Please note that all Complaints will be carefully considered; however, the act of filing a Complaint does not assure or imply that disciplinary action will necessarily be taken against the licensee.

"I certify that the above information is true, correct and complete to the best of my knowledge."

Signature

Date

Name (print or type)

Title (if applicable)

Note: Please submit this completed Complaint Form, and all Supporting Documents to:

STATE OF CONNECTICUT
BOARD OF EXAMINERS OF ENVIRONMENTAL PROFESSIONALS
REMEDATION DIVISION, 2nd FLOOR
BUREAU OF WATER PROTECTION AND LAND REUSE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Should you have any questions, please contact Kim Maiorano, Board Administrator, at kim.mariano@ct.gov or 860-424-3788.