

Society of American Foresters
Certification Review Board



Complaint Form

Please type or print legibly.

1) Complainant – Person making the complaint

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

Daytime Phone: _____ Fax: _____
Evening Phone: _____ E-mail: _____

2) Complaint Information – The complaint is about this individual.

Name: _____
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____
E-mail: _____

3) Other individuals with personal knowledge or facts relevant to this complaint.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Fax: _____
Evening Phone: _____ E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Fax: _____
Evening Phone: _____ E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Fax: _____
Evening Phone: _____ E-mail: _____

- 4) **Identify acts or conduct and the applicable violation of the CF Standards of Practice** (use additional sheets if needed)

Attach any documents relating to information identified above.

I swear, under penalty of perjury, that the information I provided in this Complaint Form is true, correct, and complete to the best of my knowledge.

Complainant Signature

Date

Submit form to Chair of Certification Review Board; 5400 Grosvenor Lane, Bethesda, MD 20814-2198

For Office Use Only	
Date Received:	_____
Date of Chair Review:	_____
Forward to PRC:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date: _____