



Board of Tree Experts
101 West Veterans Highway
Jackson, NJ 08527
(732) 534 – 0982
njtreeexperts@gmail.com

Complaint Form – Tree Care Business

Please print clearly.

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a “government record,” which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

I. COMPLAINT REPORTED BY:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME TELEPHONE NUMBER: _____

(Include area code)

WORK TELEPHONE NUMBER: _____

(Include area code)

E-MAIL ADDRESS: _____

II. COMPLAINT REPORTED AGAINST:

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PERSON CONTACTED: _____

TITLE: _____

BUSINESS TELEPHONE NUMBER: _____

(include area code)

1. Contract data (if applicable) –

Type of contract: _____ Written _____ Oral

Date of contract _____ Terms of contract _____

Termination Date _____ Renewal date _____

(If the contract is in written form, please attach a copy. If the contract was an oral contract, please write out your understanding of the contract and attach it to this complaint form.)

2. Have you contacted the company about your complaint? _____ Yes _____ No

3. Product or service involved:

4. Amount of money involved: _____

5. Where did the transaction take place?

Home Business Telephone Date _____

6. Does an attorney represent you in this matter? Yes No

(If "Yes," give the name, address and telephone number of the attorney.)

7. How would you like this office to resolve the complaint?

III. COMPLAINT DESCRIPTION

1. In general terms, describe the nature of your complaint.

2. Describe the facts of your complaint, in the order in which they happened.

3. Have you filed your complaint with any court or administrative agency? Yes No
(If "Yes," give the name and address of the court or agency.)

Name Address

Date filed Docket /File #

4. Are there any documents such as correspondence, invoices, canceled checks, etc., supporting or involved in the complaint?
(If "Yes," provide a list of the documents below.) Yes No

IV. CERTIFICATION

I certify that the foregoing statements, made by me, are true. I am aware that if any of the statements are willfully false, I am subject to punishment. I authorize the New Jersey Board of Tree Experts to send this to use the information in any way that is necessary.

Signature*

Date

* This certification must be signed by the person completing the form.

Return to: Board of Tree Experts, 101 West Veterans Highway, Jackson, NJ 08527