



Board of Tree Experts
101 West Veterans Highway
Jackson, NJ 08527
(732) 943 – 0982
njtreeexperts@gmail.com

Complaint Form – Licensee

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).

Consumer Information

Complaint Reported Against

NAME: _____ NAME: _____

ADDRESS: _____ BUSINESS NAME: _____

CITY: _____ ADDRESS: _____

STATE: _____ ZIP CODE: _____ CITY: _____

Cell TELEPHONE NUMBER: _____ STATE: _____ ZIP CODE: _____

WORK TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____ TITLE: _____

E-MAIL ADDRESS: _____ LICENSE NUMBER (IF KNOWN): _____

DATE: _____ DATES OF TREATMENT/SERVICE: _____

FROM: _____ TO: _____

1. Please provide the following information about any other practitioner or licensee involved in the matter about which you are filing a complaint.

Name: _____

Title: _____ License number: _____

Address: _____

Telephone number: _____

Name: _____

Title: _____ License number: _____

Address: _____

Telephone number: _____

2. Please provide the following information about anyone who was a witness to the matter about which you are filing a complaint.

Name: _____

Address: _____

Daytime telephone number: _____ Evening telephone number: _____

Name: _____

Address: _____

Daytime telephone number: _____ Evening telephone number: _____

3. What is the nature of the complaint? *(Please check all that apply and provide any additional comments on a separate sheet of paper.)*

Administrative/Recordkeeping

Advertising

Fees/Billing Practices

Fraud

Incompetence

Insurance Fraud

Professional/Occupational Misconduct

Substance Abuse/Impairment

Unlicensed Practice

____ Briefly explain the problem if it is not listed above: _____

4. Please describe the facts of your complaint in the order in which they happened. Please print clearly. You may use additional sheets of paper if they are needed. Please attach any photos that would support your complaint.

5. Please describe any action taken to resolve this matter prior to contacting the Board. Please print clearly. You may use additional sheets of paper if they are needed.

All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.

6. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature*

Date

Return to:

**Board of Tree Experts
101 W. Veterans Highway
Jackson, NJ 08527**

*** This certification must be signed by the person who has completed this form.**