KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612 www.ksbtp.ks.gov 785-296-3053

ALLEGED VIOLATION REPORT FORM

INSTRUCTIONS: Return completed form to address above. Unsigned forms will not be processed.

1. **Your Name, Address, E-mail, Phone Number and connection to the issue:**

2. **Address of building or project:**

3. **Name, Address, E-mail of person being reported:**

4. **Name, Address, E-mail of Owner of project:**

5. **Name of construction company involved in project (if known):**

6. **Describe why you believe there may be violations of the Board's statutes and/or regulations concerning project:**

7. **Provide any other information believed to be relevant to complaint:**

By signing this form, I state that I believe a violation has occurred. I agree to cooperate with the investigation and I acknowledge that my name cannot be withheld.

8. **Signature: _____ Date: _____**