



Kansas Board of Technical Professions
Landon State Office Building
900 SW Jackson, STE 507
Topeka, KS 66612

FILE A COMPLAINT

Instructions: Complete all fields and return form to address listed above. Unsigned forms will not be processed.

1. Your Name, Address, Email, Phone Number and Connection to the Issue:

2. Address of the Building or Project:

3. Name, Address, Email of Person Being Reported:

4. Name, Address, Email of Owner of Project:

5. Name of Construction Company Involved (if known):

6. Why do you feel a violation has occurred? Please provide all relevant documentation.

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.

Signature: _____ **Date:** _____