

# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

## REPORT OF ALLEGED VIOLATION FORM

1. Your Name, Address, **email**, Phone Number **and connection to the issue**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Address of the building or project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name, address **and email** (if known) of person being reported:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Name, address **and email** of owner of project (if known):  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of construction company involved in project (if known):  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please describe why you believe there may be a violation of our laws concerning this project:  
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7. Please provide any other information you believe is relevant to your complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.  
Send completed form to: **Kansas State Board of Technical Professions, 900 SW Jackson, Suite 507, Topeka, KS 66612.**