

Tennessee Board of Court Reporting



DEPARTMENT OF COMMERCE & INSURANCE
REGULATORY BOARDS
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243
Phone: 615-741-3449
Fax: 615-253-1692

OFFICIAL COMPLAINT FORM

Complainant Information

Name: _____, Title/Occupation _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Court Reporter Information

Name: _____ License Court Reporter # _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Is there any action pending regarding the complaint? If yes, please explain.

Yes No

Would you be willing to testify in an Administrative Proceeding held before the Board?

Yes No

Complaint

Please attach a separate detailed statement of the facts upon which your complaint is based, including date of service and any attempts to resolve the matter.

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge and belief.

Signature of Person Filing Complaint / Date

Printed