

PSMA COMPLAINT FORM

This form is to be used by persons who have a complaint against any PSMA certified inspector.

Complainant's Name _____
Address _____
Property address (if different) _____
Phone # _____ Fax # _____ Email _____

Person or Company against whom Complaint is filed: _____
Address: _____
Phone No. _____

Nature of Complaint: (Attach additional sheets if necessary)

Describe the facts and circumstances you believe relevant to your Complaint. Include the address and municipality where the activities you complain of took place.

List witnesses to or participants in the activities relating to your Complaint. Include their names, addresses and phone number, if known.

Attach any documents you believe would be helpful in explaining or supporting your Complaint. Include copies of relevant reports and correspondence. If multiple individuals inspected the system, attach every individual's report(s).

By signing this Complaint form, you consent to PSMA's providing a copy hereof to the person or company you are complaining about. You also certify that the information is true and accurate to the best of your knowledge. You release and indemnify PSMA and its members from any liability associated with allegations that are determined to be false, fraudulent or defamatory. PSMA will investigate your allegations and take action it deems to be appropriate. You may be contacted if additional information is necessary. PSMA endeavors to insure its certified inspectors adhere to high standards of professional and ethical conduct. Your participation and assistance in this process is greatly appreciated.

Signature: _____ Date: _____

Mail to: Ethics Committee Chairman
c/o PSMA
4305 North Sixth Street – Suite A
Harrisburg, PA 17110