

STATE OF DELAWARE



**DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS**  
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**COMPLAINT FORM**

For DAPE use only:

Complaint Number: \_\_\_\_\_

Date received: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Subject: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witnesses:

Details of Complaint:

\_\_\_\_\_  
(Provide as many details as possible, using additional sheets as needed.)

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

(6/18/19-Rev)