



ALABAMA BOARD OF COURT REPORTING CONSUMER COMPLAINT FORM



Your Name:	Mr. / Ms.		
	(Last Name)	(First)	(Middle)
Your Address:	(Street)		
	(City)	(County)	(ST) (Zip)
Your Preferred telephone number where you can be reached during the day:			
Preferred e-mail address:			

Whom do you wish to complain about?
 Name: _____ License Number: _____
 Organization : _____
 Address: _____
 (Street)

(City) (ST) (Zip) (Telephone Number)

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem (Please attach any additional pages describing the details of this complaint as needed):

Is there currently any action pending as a result of the circumstances surrounding this complaint?
 Yes No If yes, please describe: _____

Would you be willing to testify if necessary? Yes No

Do you have any bills, forms, or other written evidence that concern this complaint? Yes No

If yes, please send **copies** of the related papers along with this form, DO NOT send originals.

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.

Date: _____ Signature: _____

Please Return to: The Alabama Board of Court Reporting (ABCR)
 P.O. Box 241565
 Montgomery, AL 36124-1565
 Contact: Phone: 334.215.7232 FAX: 334.215.7231 E-mail: abcrl@leadership-alliance.org