



Tel: 609-984-3424  
Fax: 609-777-1914  
Web: [www.nj.gov/lisrpboard](http://www.nj.gov/lisrpboard)

## The New Jersey Site Remediation Professional Licensing Board

# COMPLAINT FORM

Submit all completed complaint forms to [SRPLBoardContact@dep.nj.gov](mailto:SRPLBoardContact@dep.nj.gov) or mail with supporting documentation to:

New Jersey Site Remediation Professional Licensing Board  
c/o NJ Department of Environmental Protection  
Site Remediation Program, Office of the Assistant Commissioner  
PO Box 420, Mail Code 401-06  
401 East State Street, Trenton, NJ 08625

### WHO MAY SUBMIT THIS FORM

Any person may file a complaint with the Board alleging that a person has:

1. Violated the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.) or any rule, regulation or order adopted or issued pursuant thereto; or
2. Knowingly made any false statement, representation or certification in any documents or information submitted to the Site Remediation Professional Licensing Board or the Department of Environmental Protection.

### INSTRUCTIONS FOR COMPLETING THIS FORM

1. Provide the information requested to the best of your ability. You may attach additional pages to this form. If you have questions about completing this form you may contact the Board at 609-292-1250 or [SRPLBoardContact@dep.nj.gov](mailto:SRPLBoardContact@dep.nj.gov). Note that you may still submit this form even if you are not able to answer all questions or provide all information.
2. Complaints may not be made anonymously. Your contact information is critical to the investigation of the complaint. In most cases, representatives of the Board will interview the Complainant, the Subject of the Complaint, and additional witnesses as part of the investigation of the complaint. The name of the Complainant will be shared with the Subject of the Complaint. If there are reasons why your name should not be shared with the Subject of the Complaint, provide those reasons in a statement attached to the complaint.

## COMPLAINT INFORMATION

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### Complainant

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

Company Name: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

### Subject of Complaint

Name of Subject of the Complaint: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

### Details of Complaint

1. Is the Subject of the Complaint an LSRP? .....  Yes  No  Unknown  
If "Yes," Provide the LSRP License Number: \_\_\_\_\_

2. Does the Subject of the Complaint hold other licenses or certifications? ....  Yes  No  Unknown  
If "Yes," Provide the License or Certification Type(s) and Number(s):

3. Do you have a business relationship with the Subject of the Complaint? .....  Yes  No  
If "Yes," describe briefly:

4. Do you have a contract with the Subject of the Complaint? .....  Yes  No  
If "Yes," attach copy of contract(s) that are relevant to this complaint.

If "No," provide the name of the person(s) whom the Subject of the Complaint may have a contract with or be working for, if known:

5. Did the activities that form the basis of this complaint occur on or with respect to a particular contaminated site?..... Yes  No

If "Yes," provide, to the extent known, the following information:

Name of the person responsible for conducting remediation at the site: \_\_\_\_\_

Name of the site: \_\_\_\_\_

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

Municipality: \_\_\_\_\_ PI Number: \_\_\_\_\_

6. Indicate which Code of Conduct Provision(s) of Section 16 of the Site Remediation Reform Act ("SRRA") (N.J.S.A. 58:10C-1 et seq.), available at: <http://www.nj.gov/dep/srp/regs/statutes/srra.pdf>, that you believe the Subject of the Complaint violated. This section may be left blank if you don't know or are unsure:

**Attachments**

Provide the following information as attachments:

1. Describe the facts that form the basis of the complaint. Include, with as much specificity as possible, the following information:
  - a. The actions or omissions of the Subject of the Complaint.
  - b. Where the actions or omissions of the Subject of the Complaint took place.
  - c. When the actions or omissions of the Subject of the Complaint took place.
2. Provide the names and contact information for any witnesses or persons that can corroborate your statements.
3. Provide as much evidence as you have to substantiate your statements, including the following: data, photographs, reports, correspondence, emails, etc.

**Certification**

*I certify that the information I have provided in and with this Complaint Form is true to the best of my knowledge and belief. I understand that I may be contacted by the Board for the purpose of providing further information to substantiate the Complaint, and that I may be called as a witness in an administrative hearing or other legal proceeding.*

*I understand that this complaint will serve as the basis for an investigation of the Subject of the Complaint, and may result in disciplinary proceedings against the Subject of the Complaint.*

*I certify that I am not making this complaint to harass or retaliate against the Subject of the Complaint..*

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date