SWORN STATEMENT/COMPLAINT
FOR FILING WITH THE
HOME INSPECTOR REGULATORY BOARD

1. Mail **ORIGINAL** complaint to the Home Inspector Regulatory Board, 2506 Lakeland Dr., Suite 300, Jackson, MS 39232 or P.O. Box 12685, Jackson, MS 39236-2685.
2. Type or write complaint clearly.
3. State facts briefly and clearly.
4. Furnish full names and complete addresses of all witnesses.
5. Furnish copies of all contracts or other pertinent papers.
6. **Have complaint notarized**.

Name of Complainant	**Address**	**City/State**	**Zip Code**	**Phone No.**
Name of Home Inspector	**Address**	**City/State**	**Zip Code**	**Phone No.**
Name of Home Inspection Co.	**Address**	**City/State**	**Zip Code**	**Phone No.**

STATE OF MISSISSIPPI
_____COUNTY

_____, being first duly sworn deposes and says that:
Complainant's Name

[Brief statement of facts concerning complaint]

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Complainant

Sworn to and subscribed before me this the _____ day of _____, 20_____.

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NOTARY PUBLIC