## Attention To : Head Secretariat Of Board Of APEQS

Ground Floor, Ministry of Development Building, Jalan Pembangunan, BB 3510, Negara Brunei Darussalam.

## For Office Use

CF Ref : $\qquad$
Received By : $\qquad$
Date Received: $\qquad$

## COMPLAINT FORM

## SECTION A : PARTY CONCERNED

(The person against whom the complaint is being made) :
Name

License Number (if known)

## Company

## $\overline{\text { Address }}$

| Phone | $\overline{\text { Fax }}$ |
| :--- | :--- |
| Email | $\overline{\text { Other Information }}$ |

SECTION B : COMPLAINANT
(The person making the complaint) :

| $\overline{\text { Name }}$ |  |
| :--- | :---: |
| Identity Card Number |  |
| Address |  |
| Phone | $\overline{\text { Fax }}$ |
| Email | - |

لمبانٌ اركيتيك جوروترا ڤَروفيسيونل دان جورواوكور باهن نغارا بروني دارالسلام
Brunei Darussalam Board of Architects Professional Engineers and Quantity Surveyors
[NOTE: Details of Complainant must be provided in order to pursue the Complaint]

SECTION C : DESCRIBE THE COMPLAINT. Be brief and concise. What actually happened? Who else are involved? Give times, dates, locations and details. Include copies of All RELEVANT DOCUMENTATIONS, including plans, maps, letters, contracts, etc. If there is no written contract, explain and provide references and details of the agreement, including dates.
[NOTE: Attach extra pages as needed and be as complete as possible]

## DECLARATION

By signing the below I declare that the information contained above in this complaint, including any attached pages, is true and correct to the best of my knowledge and belief

## $\overline{\text { Date }}$

| Received By: | Acknowledged By : |
| :---: | :---: |
|  |  |
| Head Secretariate Of Board Of APEQS <br> Date: | Chairman Of Board Of APEQS <br> Date: |

REGISTRAR; For Further Action
Completed COMPLAINT FORM APEQS-CF1 must be submitted with CHECKLIST A FORM APEQS-CF1A

## SECTION D : LIST OF RELEVANT DOCUMENTATIONS

[As stated in SECTION C]

| No. | Document Title | Ref No. | Pages |
| :---: | :--- | :--- | :--- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
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