



Iowa Board of Examiners of Shorthand Reporters

Judicial Branch Building, 1111 East Court Avenue, Des Moines, Iowa 50319

CSR COMPLAINT FORM

Please carefully review this complaint form once you have included all information. Note that there is a requirement for you to execute the oath at the end of this form.

REQUIRED	
Your Name: _____	Court Reporter's Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Telephone: (____) _____	Telephone: (____) _____
Email: _____	Email: _____

Describe your complaint, provide dates and facts of alleged misconduct and attach a copy of relevant documents. (Use a separate sheet if necessary; please do not write on the back of this form.)

Under penalty of perjury, I declare that I have read the foregoing document and that to the best of my knowledge and belief the facts stated in it are true.

Signature

Date

**Submit form and supporting documentation to:
Iowa Board of Shorthand Reporters
Office of Professional Regulation
1111 East Court Avenue
Des Moines, IA 50319
(515) 348-4670
Fax (515) 348-4698**