Mississippi Board of Certified Court Reporters
Post Office Box 369
Jackson, Mississippi 39205-0369
Telephone Number: 601-576-4623 Fax Number: 601-576-4733
Web Site: www.courts.ms.gov E-Mail: tgraves@courts.ms.gov

COURT REPORTER COMPLAINT FORM

INSTRUCTIONS: Please complete this form and fax or mail to the above address. Copies of supporting documentation regarding this complaint should be attached. Please retain a copy for your files.

RE: _____
Name of Court Reporter

_____
Address

_____ _____
City State\Zip

_____ _____
Telephone No. Fax No.

_____ _____
Website E-Mail Address

_____
Date of Service

Please explain the entire circumstances surrounding your complaint, including your attempts to solve the problem. (Attached additional sheets if necessary)

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Are you willing to testify in an administrative proceeding before the Board of Certified Court Reporters? _____Yes_____No

I, _____, do 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.

_____ _____
Signature of Person Filing Complaint Date

_____
Print Name

_____
Address

_____ _____
City State\Zip

_____ _____
Telephone No. Fax No.