



TIM GRIFFIN
ATTORNEY GENERAL

UNDERGROUND FACILITIES DAMAGE PREVENTION ACT COMPLAINT

Name of Person/Company against whom complaint is being filed:

Name of Person/Company: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Complaint reported by:

Your First Name: _____
Your Last Name: _____
Organization: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

**Person(s) with most knowledge of the potential violation, if different from person filing
complaint:**

First Name: _____
Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

First Name: _____
Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

1. Describe the nature of the potential violation:

2. Date of potential violation:

3. Location of potential violation (Street Address and/or Legal Description):

4. Describe the damage caused, including the type of underground facilities damaged and the total monetary value of the damage:

5. Describe any other relevant information concerning the potential violation, including the 811 ticket number assigned to the potential violation:

6. Attach any supporting documentation, including photos of the damage caused, any invoices, and any communications between you and the potential violator:

7. List any history of violations by this company or individual, if known. Attach any supporting documentation, if any, including previous warnings from underground facilities:

8. Has the potential violator paid for the damages caused due to this incident? If so, provide proof of payment and details concerning the payment.

9. Provide any additional information or documentation relating to the incident.

The information is true and accurate to the best of my knowledge. I understand the Arkansas Attorney General's Office does not represent individuals in matters involving private disputes. I am submitting this complaint to notify the Attorney General's Office of activities of this party and for any other assistance that may be rendered. I acknowledge that the Attorney General will keep a record of this complaint and it may be deemed a public record subject to disclosure under the Arkansas Freedom of Information Act.

Signature of person filing complaint

Date

Please submit this form and all supporting documentation by email to 811complaints@ArkansasAG.gov.