

Florida Association of Professional Process Servers

P.O. Box 72, Melbourne, FL 32902 www.fapps.org

NONPAYMENT COMPLAINT

To: Arbitration & Grievance Committee

I am placing before you a formal complaint against the following FAPPS Member for nonpayment of services rendered by me. I have confirmed the individual is a current member by: Member Search at www.fapps.org _____ or Confirmation with the Association Administrator or A&G Chair: _____

FAPPS MEMBER (Respondent):	
Company:	Address:
City: State:	Zip:
Phone:	Fax:
Email:	
COMPLAINANT:	
Company:	Address:
City: State:	Zip:
Phone:	Fax:
Email:	
I have attached the following documentation (items	with *asterisk are mandatory):
<pre> Copy of original invoice(s) * Copy of statement(s) Copy of Request for Service</pre>	
of this matter. I certify I am a member in good standing (or was	xercise the procedures and remedies in the By-laws and Policies for resolution s at the time this debt was incurred) in the Florida Association of Professional made all good faith effort to collect this debt. I fully understand that FAPPS is
Complainant's Signature:	Date:
Method of Delivery to Respondent (mark all that apply): Em	ail Fax U.S. Postal Service/UPS/FedEx
INSTRUCTIONS TO COMPLAINANT: Complete this form and for Committee with all required documentation. Retain a copy for	ward the original complaint to the Chairman of the Arbitration & Grievance your records.

Arbitration & Grievance Committee

Sean Segel Chairman(813) 22801 North Florida Avenue(813) 2Tampa, FL 33602tampae

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