## Alabama Professional Bail Bonding Board Complaint Form

## **COMPLAINING PARTY**

Name		
Mailing Address		
City	State	Zip Code
Phone	Email	
Physical Address:		
City	State	Zip Code
Y OR COMPANY SUBJECT TO COM	PLAINT	
Name		
Company		
Address		
City	State	Zip Code
Phone	<del></del>	
Bondsman Involved		
Occurrence date(s)		
Explain below the facts of your p documentation you have regard	·	Also please attach copies of an
Narrative		

(Page 2) Cont.				
Attach additional sheets if necessary. The	affidavit below must	t be signed by v	ou. under	penalty of
perjury, and notarized.		, , , , , , , , , , , , , , , , , , ,		position, or
	FIDAVIT			
I, the undersigned, do hereby swear or aff	irm, under penalty o	f perjury, that t	he facts o	f my complaint
as well as any evidence and documentation		,		
are true and accurate to the best of my kn	owledge.			
Signature		 Date		
Signature		Date		
Notary				
CTATE OF ALABANAA				
STATE OF ALABAMA				
COUNTY OF				
Subscribed and sworn to b	pefore me on this	day of	_, 20	_
				_ Notary Publi
MY COMMISSION EXPIRES:				

Send this form to:

Keith E. Warren, Executive Director 2777 Zelda Road Montgomery, AL 36106