



NON PAYMENT COMPLAINT FORM

TO: ARBITRATION & GRIEVANCE COMMITTEE

I am placing before you a formal complaint against a NCAPPS member for the nonpayment of a bill for services rendered by me. The member's name appears in the () last membership roster or () on the NCAPPS Website as follows:

NAME OF MEMBER _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

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Attached are the following:

- |     |                                                                             |     |                                                    |
|-----|-----------------------------------------------------------------------------|-----|----------------------------------------------------|
| ( ) | copy of original invoice *                                                  | ( ) | copy of original letter demanding payment          |
| ( ) | copy of statement(s)                                                        | ( ) | copy of <b>NOTICE OF INTENT TO FILE COMPLAINT*</b> |
| ( ) | copy of Request for Service Form, supporting or letter requesting service * | ( ) | statement of particulars of complaint & materials  |

\*items with an asterisk are mandatory

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I do hereby request that the ARBITRATION & GRIEVANCE COMMITTEE exercise the procedures and remedies in the Bylaws and Policy Manual for resolution of this matter. I certify that I am a member of the NORTH CAROLINA ASSOCIATION OF PROFESSIONAL PROCESS SERVERS and that this claim is just and due and that I have made all good faith efforts to collect this debt. I fully understand that NCAPPS is not a collection agency. **I hereby certify that this debt has been due and owing for 90 days or more.**

Member's Signature _____ Date _____

MEMBER'S NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSTRUCTIONS: Forward the original of this complaint to the Chair of the ARBITRATION & GRIEVANCE COMMITTEE (address below) with all required substantiation. Be sure to retain a copy for your records.

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