

## STATE OF NORTH CAROLINA Small Professional Services Firm Program

## **SPSF Eligibility Complaint Form**

Send completed form to: Office of Equal Opportunity & Workforce Services

ATTN: SPSF

1511 Mail Service Center Raleigh, NC 27699-1511

I have reason to believe that does not meet the eligibility stand firm is ineligible for the followin	dards for a Small Professional Se	(enter name of firm) ervices Firm. I believe this
I understand that I must have this confidentiality will be maintained of the forthcoming investigation	d, unless otherwise required to b	
(Signature)	(Date) E – AFFIDAVIT MUST BE NOTARI	ZED
STATE OF:		
COUNTY OF	-	
I, A N	Notary Public for said State, County, de	o hereby certify that
per due execution of the foregoing instrume	rsonally appeared before me this day a	nd acknowledged the
Witness my hand and official seal, this _		20 Seal }
(Signature Owner/Officer)	(Notary Signature)	
(Title)	My commission expires	20