

**NOTICE OF PENDING COMPLAINT**  
**CALIFORNIA ASSOCIATION OF LEGAL SUPPORT PROFESSIONALS**

TO: NAME OF MEMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

This is to notify you that a complaint will be formally filed against you with the Arbitration and Grievance Committee of the California Association of Legal Support Professionals (CALSPRO) for nonpayment of a debt.

~~~~~

COMPLAINING MEMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AMOUNT OF CLAIM \_\_\_\_\_ DATE OF ORIGINAL BILL: \_\_\_\_\_

In accordance with the CALSPRO Bylaws and Procedure Manual, you have 14 days from the date of mailing of this **NOTICE OF PENDING COMPLAINT** to:

1. Make payment in full to me directly; or
2. Make an agreeable arrangement with me for payment; or
3. Dispute this matter and submit the matter to the Arbitration and Grievance Committee for resolution

Please note that if you fail to exercise any of the above options, a formal Nonpayment Complaint will be filed against you with the Arbitration and Grievance Committee. Failure to cooperate with the Arbitration and Grievance Committee may constitute grounds for suspension, expulsion and publication of the matter in the quarterly newsletter. You are urged to make every effort to resolve this matter.

**INSTRUCTIONS TO COMPLAINANT:** Complete this form and deliver by reliable means to the Respondent. Additional information may be attached to this page. If the matter remains unresolved after 14 days from the date of mailing to Respondent, complete a Nonpayment Complaint and forward it to the Arbitration and Grievance Committee Chairman.

**COMPLAINANT'S CERTIFICATION:** I do hereby certify that the above amount is presently owed to me and that I am a member of CALSPRO. I verify that this complaint is made in accordance with the Bylaws and Procedural Manual of CALSPRO.

**COMPLAINANT'S SIGNATURE** \_\_\_\_\_ Date: \_\_\_\_\_

**NONPAYMENT COMPLAINT**  
**CALIFORNIA ASSOCIATION OF LEGAL SUPPORT PROFESSIONALS**

TO: ARBITRATION AND GRIEVANCE COMMITTEE

I am placing before you a formal complaint against a CALSPro member for the nonpayment of a bill for services rendered by me. The member's name as it appears in the membership roster is as following:

NAME OF MEMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Attached are the following:

|                                                                         |                                                               |
|-------------------------------------------------------------------------|---------------------------------------------------------------|
| ___ Copy of original invoice.                                           | ___ Copy of statement(s).                                     |
| ___ Copy of Request for Service or letter of instruction.               | ___ Copy of original demand for payment.                      |
| ___ Copy of CALSPro form <i>Notice of Pending Complaint</i> (required). | ___ Statement of facts and/or other supporting documentation. |

I do hereby request that the Arbitration and 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 CALSPro and that this claim is just and due and that I have made all good faith effort to collect this debt.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF MEMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_