



NONPAYMENT COMPLAINT
New York State Professional Process
Servers Association

TO: ARBITRATION & GRIEVANCE COMMITTEE

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

NAME OF MEMBER _____
COMPANY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

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Attached are the following:

- |                                                                                           |                                                                                       |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> copy of original invoice *                                       | <input type="checkbox"/> copy of original letter demanding payment                    |
| <input type="checkbox"/> copy of statement(s)                                             | <input type="checkbox"/> copy of <b>NOTICE OF INTENT TO FILE COMPLAINT*</b>           |
| <input type="checkbox"/> copy of Request for Service Form, or letter requesting service * | <input type="checkbox"/> statement of particulars of complaint & supporting 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 NEW YORK STATE PROFESSIONAL PROCESS SERVERS ASSOCIATION, 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 NYSPPSA 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 _____

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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.

**Bernard Hughes, Chair**  
**Arbitration & Grievance Committee**  
**P.O. Box 709**  
**Valley Cottage, NY 10989**  
**Phone: 845-268-8138**  
**Fax: 845-267-0286**  
**Email: [bhughes@finestservices.com](mailto:bhughes@finestservices.com)**