



Dora

Department of Regulatory Agencies

Division of Professions
and Occupations

Board of Licensure for Architects
Professional Engineers &
Professional Land Surveyors

Engineering/Land Surveying Report of Malpractice Settlement or Judgment Pursuant to Colorado Revised Statutes 12-25-108(1)(k) and 12-25-208(1)(k)

This form is to be used by licensees to report malpractice settlements or judgments. If you have any questions regarding these reporting requirements, please contact the Board office.

LICENSEE (please print):

Date:		PE/PLS License No.	
PE/PLS Name:		PE Discipline:	
Street Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Email Address:		Telephone:	
Employer Name at Time of Claim:		Employer Contact:	
Street Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Email Address:		Telephone:	
Licensee Attorney:		Firm Name:	
Street Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Email Address:		Telephone:	

CLAIMANT (please print):

Name and/or Organization:		Contact:	
Street Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Email Address:		Telephone:	
Claimant Attorney:		Firm Name:	
Street Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Email Address:		Telephone:	



PLEASE COMPLETE THE FOLLOWING (please print):

Enter the names and contact information of other Engineers or Land Surveyors who were named in this claim

Name:		Contact Info:	
Name:		Contact Info:	
Name:		Contact Info:	
Name:		Contact Info:	

The Board will be reviewing this case in detail for possible license law violation(s). **Please provide all the following:**

- Allegations that are the basis for this claim
- Date and amount of the settlement or judgment and who paid the settlement or judgment
- Facts upon which this case rested, including specific engineering and/or surveying details of the occurrence
- All available expert reports
- All other documents (e.g. plans and/or plats) relevant to the professional services provided in this case.

If submitting any oversize documents, please provide five (5) copies for appropriate distribution to the Board.

<input type="checkbox"/>	Were there any physical injuries or fatalities in connection with the incident on which the claim is based:	<input type="checkbox"/>	YES, Explain below	<input type="checkbox"/>	NO
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Explanation: (Please print:)	
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Submit your completed form via email to aes@dora.state.co.us or by mail at the address on page 1 of this form addressed to: Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors

Signature of PE/PLS: _____

Date: _____