

**NOTICE OF PENDING COMPLAINT**  
**California Association of Legal Support Professionals**

To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**This shall serve to notify you that a complaint will be formally filed against you with the Dispute Resolution 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 Invoice: \_\_\_\_\_

In accordance with the CALSPro Bylaws and the Manual of Policies and Procedures, you have 10 (ten) days from the date of mailing of this NOTICE 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 Dispute Resolution Committee.

Please note that if you fail to exercise one of the above options, a Nonpayment Complaint will be filed against you with the Dispute Resolution Committee. Failure to cooperate with the Dispute Resolution Committee may constitute grounds for suspension, expulsion and publication of the matter. 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 10 days from the date of mailing to Respondent, complete a Nonpayment Complaint and forward it to the Dispute Resolution 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 the Manual of Policies and Procedures of CALSPro.

COMPLAINANT'S Signature: \_\_\_\_\_ Date: \_\_\_\_\_