

COMPLAINT FORM

For Use to File Complaints with:



The Alabama Board of Examiners of Landscape Architects

2777 Zelda Road, Montgomery, AL 36106 Phone: (334) 262-1351

| DO NOT WRITE IN THIS SPACE - OFFICE RECORD | | | | | |
|--|-------------------------|--|--|--|--|
| DATE RECEIVED COMPLIANT NO LICENSING INFO | RMATION EXPIRATION DATE | | | | |

INSTRUCTIONS

- 1. Please Type or print legibly.
- 2. State facts briefly and clearly and attach copies of plans and/or documents to support your allegations.
- 3. Attach additional pages if needed.

NOTE: If you are unable to comply with any of these instructions because of disability, contact the Board about provisions of the Americans with Disabilities Act.

| YOUR NAME (Last) | (First) | Middle) | | | | |
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| ADDRESS | CITY | STATE ZIP | | | | |
| ADDRESS | OHT | SIAIL ZIF | | | | |
| HOME TELEPHONE NUMBER | WORK / DAYTI | WORK / DAYTIME TELEPHONE NUMBER | | | | |
| NAME(S) PERSON(S) AGAINST WHOM Y | OU ARE FILING THIS COMPLIANT | | | | | |
| NAME OF COMPANY | | | | | | |
| ADDRESS | CITY | STATE ZIP | | | | |
| | COMPLAINT | | | | | |
| STATE OF | | | | | | |
| COUNTY OF | | | | | | |
| / We | | | | | | |
| Name of complainant(s) | | | | | | |
| | explanation of your compliant in the onts. Continue on a separate sheet if r | | | | | |
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| | PERJURY THAT THE INFORMATION | N CONTAINS HEREIN IS TF | RUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, |
| INFORMATION AND BELIEF. | | | |
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| | | | Signature of Complainant |
| | | | |
| | | | Signature of Co-Complainant |
| | | | Signature of Co-Complainant |
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| Sworn to and subscribe | d before me this | day of | , 20 |
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| My commission expires | : | | _ |
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| List below the persons | that can confirm all or part | of your foregoing sta | atements: |
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| Name | Address | | Telephone Number |
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| Name | Address | | Telephone Number |
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| Name | Address | | Telephone Number |