



COMPLAINT FORM

For Use to File Complaints with:



The Alabama Board of Examiners of Landscape Architects
2740 Zelda Road, Box 5, Montgomery, AL 36106 Phone: (334) 262-1351

DO NOT WRITE IN THIS SPACE – OFFICE RECORD

DATE RECEIVED _____ COMPLAINT NO. _____ LICENSING INFORMATION _____ 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) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE NUMBER _____ WORK / DAYTIME TELEPHONE NUMBER _____

NAME(S) PERSON(S) AGAINST WHOM YOU ARE FILING THIS COMPLAINT _____

NAME OF COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMPLAINT

STATE OF _____

COUNTY OF _____

I / We _____
Name of complainant(s)

Please give a detailed but concise explanation of your complaint in the order in which it occurred and attach any supporting documents. Continue on a separate sheet if necessary. Type or print legibly.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINS HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature of Complainant

Signature of Co-Complainant

Sworn to and subscribed before me this _____ day of _____, 20_____

(SEAL)

Notary Public

My commission expires: _____

List below the persons that can confirm all or part of your foregoing statements:

Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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