COMPLAINT FORM

For Use to File Complaints with:

The Alabama Board of Examiners of Landscape Architects

P.O. Box 305004, Montgomery, AL 36130-5004 Phone: (334) 262-1351

DO NOT WRITE IN THIS SPACE – OFFICE RECORD

DATE RECEIVED _____ COMPLIANT 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 COMPLIANT

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 compliant 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
Name	Address	Telephone Number
Name	Address	Telephone Number