



COMPLAINT FORM

For Use to File Complaints with:

The Alabama Board of Examiners of Landscape Architects
908 South Hull Street, Montgomery, AL 36104
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 a 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.)
