



ARKANSAS STATE BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS

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Little Rock, AR 72201
Main (501) 682-3171

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asbalaid@arkansas.gov

CONSUMER COMPLAINT FORM

IMPORTANT: Please note that a copy of this complaint could be provided to the parties involved in your complaint. Also, you could be called to testify as part of a formal or informal proceeding, such as a hearing or a deposition. Complaints filed with the Arkansas State Board of Architects, Landscape Architects, and Interior Designers (ASBALAID) as subject to the Arkansas Freedom of Information Act. In most cases, the Board must disclose the information you provide on the complaint form to any person who requests it, including the person against whom you are filing this complaint.

1. COMPLAINANT ----- PERSON FILING THE COMPLAINT

Last Name Mailing Address

First Name City State Zip Code

Phone Number 1 E-mail Address

Phone Number 2

2. RESPONDENT ----- PERSON/COMPANY THE COMPLAINT IS FILED AGAINST

Last Name Company Name

First Name Mailing Address

Phone Number 1 City State Zip Code

Phone Number 2 E-mail Address

The subject of the complaint is: Web site Address

- Architect
- Architectural Firm
- Landscape Architect
- Registered Interior Designer
- Unlicensed Individual
- Unlicensed Business

The nature of the complaint is:

- Unlicensed practice of architecture or landscape architecture
- Unlicensed use of the title registered interior designer
- An issue, incident or violation of law, rules, or code of conduct

3. PROJECT INFORMATION AND STATUS

Name of Project

Address

City State Zip Code Parcel No. (if known)

Status of project is: Planning/Permitting Under Construction Completed

IMPORTANT: Please note that upon receipt of a complaint, the Board will conduct a preliminary evaluation of the matter within thirty (30) days to determine whether allegations described in your complaint are within the Board's jurisdiction. Please review the statute and rules enforced by the Board on our website to ensure that you provide sufficient information and ensure that the allegations are of a law within the Board's jurisdiction.

4. NATURE OF COMPLAINT

Clearly describe each alleged law violation separately and enclose copies of any documents from any sources which will support your allegations. Include the date the incident(s) occurred and the address of the location where the incident(s) occurred. If possible, list the section of rule or statute that you think the entity has violated.

(Attach additional sheet(s) if necessary)

Please attach all supporting documentation as evidence. In absence of supporting documentation and/or evidence, your written/verbal testimony will be necessary to substantiate your allegations.

Are you currently represented by an attorney in connection with this complaint? No Yes
If so, please provide the attorney's name, and telephone number.

Attorney Name Phone Number

Is civil litigation or criminal prosecution involving the subject of this complaint currently contemplated or in process?
 No Yes

I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Complainant

Date