

BOARD OF ARCHITECTURE AND INTERIOR DESIGN

COMPLAINT FORM

Please Return To:

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Please Print

Your Name: _____

Address: _____

City State Zip

Phone: _____

Email: _____

Additional Contact

Name: _____

Address: _____

City State Zip

Phone: _____

Email: _____

SUBJECT OF COMPLAINT

Name: _____

Address: _____

City State Zip

Phone: _____

Occupation: _____

License No.: _____

Email: _____

Have you contacted Subject concerning this complaint: Yes: _____ No: _____ Date: _____

Private Attorney (if applicable): Name: _____ Phone: _____

Address: _____

City State Zip

Witnesses: (Name, Phone and Email): _____
