



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

900 West Capitol  
Suite 400  
Little Rock, AR 72201  
Main (501) 682-3171

www.asbalaid.arkansas.gov  
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**