

**BOARD OF ARCHITECTURE AND INTERIOR DESIGN**

**COMPLAINT FORM**

Please return to: (Ms.) MH Allen  
Smith, Thompson, Shaw, Minacci & Colón, P.A.  
3520 Thomasville Road, Fourth Floor  
Tallahassee, Florida 32309  
Phone (850) 402-1570  
Fax (850) 702-0718  
mhallen@stslaw.com

**Type or Print**

**Contact (other than yourself)**

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Email \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Email \_\_\_\_\_

**SUBJECT OF COMPLAINT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
License No. (if known): \_\_\_\_\_  
Email \_\_\_\_\_

Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
State: \_\_\_\_\_

Have you contacted subject concerning complaint? Yes: \_\_\_ No: \_\_\_ Date: \_\_\_\_\_  
Private Attorney (if applicable): \_\_\_\_\_  
Name Address  
Telephone No.: \_\_\_\_\_

Witnesses:(Please give full name and addresses): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

