

BOARD OF ARCHITECTURE AND INTERIOR DESIGN

COMPLAINT FORM

Please return to: Melissa Minacci
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Please Print

Additional Contact

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): _____

