



CONSUMER COMPLAINT FORM

1. SUBJECT (Person Complaint is Against)

Last Name	First Name	Middle Name	
Business Name		E-mail (optional)	
Business Address			
City		State	Zip Code
Business Phone ()	Home Phone (If Known) ()	Landscape Architect License # (If Known)	

2. COMPLAINANT (Person Making the Complaint)

Last Name	First Name	Middle Name	
Address		Email (optional)	
City		State	Zip Code
Business Phone ()	Home Phone ()	Best Time of Day to Contact You	

3. Did you have a contract or letter of agreement with the subject? YES NO
 (If yes, please attach a copy.)

4. Have you discussed your complaint with the subject? YES NO

5. Have you contacted an attorney regarding this matter? YES NO
 If so, provide your attorney's name, address and phone number.

6. Have you filed a claim in any court regarding this complaint? YES NO
 If so, name court: _____
 and indicate hearing date, if scheduled: _____

7. What do you want the person or company to do to satisfy your complaint? *Please be aware that the LATC under the purview of the California Architects Board, does not have official authority to recover monies.*

8. Describe the nature of your complaint on the reverse side.
(Please note: Your signature is required on the reverse side of this form.)

