DEPARTMENT OF CONSUMER AFFAIRS • BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

CALIFORNIA ARCHITECTS BOARD

Landscape Architects Technical Committee

Public Protection through Examination, Licensure, and Regulation



CONSUMER COMPLAINT FORM

SUBJECT (Person Complaint is against)

Last Name	First Name	Middle Name	
Business Name			
Business Address			
City		State Zip	Code
Business Phone ()	Home Phone ()	License Number	

COMPLAINANT (Person making the Complaint)

Last Name	First Name	Middle Name	
Address			
City		State Zip	Code
Business Phone ()	Home Phone ()	Best Time to Contact	

Did you have a contract or letter of agreement with the Subject? If yes, attach a copy	Yes No
Have you discussed your complaint with the Subject?	🗌 Yes 🗌 No
Have you contacted an attorney regarding this complaint? If yes, provide your attorney's name address and phone number	Yes No
Have you filed a claim in any court regarding this complaint? If yes, name court and indicate hearing date	🗌 Yes 🗌 No
What do you want the Subject to do to satisfy your complaint?	

Describe the events which led to your complaint and specify pertinent dates, monies paid, balances owed, amounts claimed by third parties, etc. Use additional sheets if necessary. Attach any documentation such as plans, contracts, proposals, communication, drawings which will help support your complaint. The filing of this complaint does not prohibit you from filing a civil action.

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information contained in this form is true and correct. If called upon, I will assist in the investigation or in the prosecution of the Subject or other involved parties, and will, if necessary swear to a complaint, attend hearings and testify to the facts of this complaint.

Signature: