



Louisiana

Office of the Governor
State Board of Examiners
of Interior Designers

11736 Newcastle Avenue, Bldg. 2, Suite C
Baton Rouge, LA 70816

Telephone 225.295.8425 Fax 225.304.6655
Website: www.lsbid.org Email: admin@lsbid.org

INTERIOR DESIGN CONSUMER COMPLAINT FORM

THIS FORM IS TO BE USED IF YOU ARE FILING A COMPLAINT AGAINST A REGISTERED DESIGNER BECAUSE HE OR SHE HAS VIOLATED A STATUTE, RULE OR ORDINANCE. PLEASE FILL OUT THE FORM AND RETURN IT TO THE ADDRESS STATED ON THE FORM.

THIS COMPLAINT IS FILED AGAINST THE INDIVIDUAL/BUSINESS BELOW:

INTERIOR DESIGNER'S NAME: _____

LICENSE (REGISTRATION) # (if known): _____

ADDRESS: _____

PHONE NUMBER(S): _____

COMPANY NAME: _____

PHONE NUMBER(S): _____

PLEASE STATE THE NATURE OF THE WORK DONE BY THE INTERIOR DESIGNER.

(For Example, was this a retail sale? Did the interior designer prepare plans and/or charge for services rendered?):

WAS THIS A RESIDENTIAL PROJECT? _____ WAS THIS A COMMERCIAL PROJECT? _____

PLEASE STATE THE EXACT NATURE OF YOUR COMPLAINT.

Give as much detail as possible. You may attach a separate sheet if necessary.

COMPLAINANT INFORMATION:

NAME:

ADDRESS:

PHONE NUMBERS: HOME _____ WORK _____

RESPONSIBLE PARTY TO CONTACT FOR INFORMATION:

DID YOU HAVE A WRITTEN CONTRACT WITH THE INTERIOR DESIGNER?

YES _____ NO _____

If yes, attach copy of contract.

ATTEMPTS TO RESOLVE THE PROBLEM:

What attempts, (if any) have been made to resolve this complaint prior to filing with the board?

Date of demand letter(s) (if any) asking for refund or other demand: _____

(Attach copies of any correspondence)

Date of formal complaint (if any) filed in any court: _____

(Attach copies of documents)

Response (if any) by Interior Designer or Business: _____

(Attach copies of any correspondence)

Are you willing to appear before the Board at a formal hearing on this matter? YES _____ NO _____

The State Board of Examiners of Interior Designers does not agree to prosecute every Interior Designer against whom a complaint is filed. Filling out this form with as much information as is known will expedite the investigation of your complaint. If you have any questions concerning this form or our procedure, please call the Board office.

Please sign this document and mail it along with copies of supporting documents.

The complainant states that he/she is the complainant in the foregoing complaint and that all of the allegations contained therein are true and correct to the best of Complainant's knowledge, information and belief.

COMPLAINANT'S SIGNATURE

DATE