



Louisiana

Office of the Governor
State Board of Examiners
of Interior Designers

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INTERIOR DESIGN CONSUMER COMPLAINT FORM

THIS FORM IS TO BE USED IF YOU WISH TO LODGE A COMPLAINT AGAINST AN UNLICENSED OR UNREGISTERED DESIGNER FOR USING THE TERM OR PRACTICING INTERIOR DESIGN WITHOUT A LICENSE.

INTERIOR DESIGN COMPLAINT FORM FOR TITLE OR PRACTICE ABUSE

THIS COMPLAINT IS FILED AGAINST THE INDIVIDUAL/BUSINESS BELOW:

INDIVIDUAL OR FIRM NAME:

ADDRESS: _____

CITY: _____ PHONE NUMBER: _____

If this complaint is based upon advertising, letterhead, business card or other written document, please attach.
If not, please answer the next section.

STATE THE NATURE OF THE WORK DONE BY THE INDIVIDUAL OR FIRM

(For Example, was this a retail sale? Did the individual or firm prepare plans and charge for services rendered?)

APPROXIMATELY WHEN DID THE ABOVE EVENT OCCUR? _____

STATE ANY OTHER FACTS WHICH YOU WISH TO BRING TO THE ATTENTION OF THE BOARD REGARDING THIS INDIVIDUAL OR FIRM.

COMPLAINANT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBERS : HOME _____ WORK _____

Please sign this document and mail along with any 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