



*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](http://www.lsbid.org) Email: [admin@lsbid.org](mailto:admin@lsbid.org)

## COMPLAINT FORM

**THIS FORM IS TO BE USED IF YOU ARE FILING A COMPLAINT AGAINST AN INDIVIDUAL OR BUSINESS BECAUSE YOU BELIEVE THEY HAVE VIOLATED A STATUTE, RULE OR ORDINANCE. PLEASE FILL OUT THE FORM AND RETURN IT TO THE ADDRESS STATED ON THE FORM VIA EMAIL OR REGULAR MAIL.**

**THIS COMPLAINT IS FILED AGAINST THE INDIVIDUAL/BUSINESS BELOW:**

NAME: \_\_\_\_\_

LICENSE # (if known): \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PLEASE STATE THE NATURE OF THE WORK DONE:**

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

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**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.

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**YOUR INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**DID YOU HAVE A WRITTEN CONTRACT WITH THE INDIVIDUAL OR BUSINESS?**

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 filling out this form?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the individual or Business: \_\_\_\_\_  
(Attach copies of any correspondence)

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

Filling out this form with as much information as is known will expedite the investigation of your complaint.

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

The allegations contained on this form are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE