



**KENTUCKY BOARD OF ARCHITECTS and Certified Interior Designers**  
155 East Main Street ♦ Suite 300 ♦ Lexington, Kentucky 40507 ♦ (859) 246-2069

**COMPLAINT FORM**

Please provide all information as known, including any supporting information and/or documents

Subject of the Complaint (full name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ License No. \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website \_\_\_\_\_  
*(if applicable)*

Complainant *(person making complaint)*: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ License No. \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website \_\_\_\_\_  
*(if applicable)*

Statement of Complaint *(Please type or write legibly. Use additional paper if necessary) :*

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I hereby state under penalty of perjury under the laws of the Commonwealth of Kentucky that the information provided in this complaint is correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Complainant* *Date*