

NORTH DAKOTA STATE BOARD



ARCHITECTURE AND LANDSCAPE ARCHITECTURE

PO Box 7370
BISMARCK ND
58507
701-223-3540

1. Complainant Information (The person making the complaint):

Name: _____ License Number (if completed by Architect): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Best time to contact you: _____

2. Respondent Information (The person against whom the complaint is made):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Best time to contact you: _____

3. Project Address (if applicable):

Street: _____

City: _____ Parcel Number (if known): _____

Name of Building/Project Owner: _____

Name of Contractor/CM: _____

Work Phone: _____

4. Do you have design plans prepared by Respondent?: Yes No N/A

5. Did you and the Respondent sign a written letter of agreement?: Yes No

6. Describe your complaint. Be specific. What happened? Who else is involved, including city or county agencies (names,

7. Provide dates, statutes, rules and/or regulations presumable violated to show reasonable cause why the Board should investigate and act to protect the health, safety, and welfare of the public. Provide any other information necessary, number additional pages as needed.

8. Provide evidence as “Exhibit A” through _____, list attached supporting documents and witnesses for the Board’s consideration in evaluating this complaint

By signing below, I declare that the information contained in this complaint, including any attached pages, is true and correct to the best of my belief.

Signature

Date

Mail this form and all supporting documentation to: North Dakota State Board of Architecture PO Box 7370 Bismarck, ND 58507-7370. You may also email this form and supporting documents to stacy@scgnd.com. Include copies of ALL DOCUMENTS, including plans, letters, contracts, agreements, invoices, receipts, correspondence, photographs, etc. Do not send original documents. Attach extra pages if required.