



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BUILDING, DESIGN AND FIRE PROFESSIONALS
STATE BUILDING OFFICE
 560 Jefferson Blvd, Suite 100
 Warwick, Rhode Island 02886
DBR.DesignProf@dbr.ri.gov

COMPLAINT FORM

Please choose the profession you are submitting the complaint:

- | | |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Professional Engineers |
| <input type="checkbox"/> Landscape Architects | <input type="checkbox"/> Professional Land Surveyors |

Date: _____

Complainant's Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Licensee Name: _____

Address: _____

Email Address: _____ Phone: _____

Explain as fully as possible below or on attached sheet(s) the exact nature of your complaint against the licensee. Be certain to include specific information such as dates, name, address and telephone number of offending licensee etc. and attach any documentation, which you feel will help support your allegations and send via email to DBR.DesignProf@dbr.ri.gov.

Other Federal, State, municipal, local agencies, or legal counsel, regarding this complaint, including results of contacts have been contacted: _____

The undersigned declares that the statements, answers, representations, and allegations contained herein are true and correct to the best of his/her knowledge and belief.

Signed: _____ Date: _____