



MARYLAND BOARD OF ARCHITECTS ANONYMOUS COMPLAINT FORM

DO NOT WRITE IN SPACE
OFFICE RECORD

DATE RECEIVED _____
COMPLAINT NO. _____
LICENSE NO. _____
EXPIRATION DATE _____

Alleged Misrepresentation of Licensure as an Architect

PURPOSE OF THIS FORM

This form may be submitted anonymously. Do not provide your name, address, telephone number, email address, or other information that would identify you unless you choose to do so outside of this form.

Important Message: This form is only for complaints alleging the misrepresentation of licensure as an architect. It is not intended for disputes involving the quality of work, contract performance, fees, or other consumer matters unless they involve the alleged misrepresentation of architect licensure.

1. COMPLAINT AGAINST

Individual or Business Name: _____
Trading As (if applicable): _____
Business Address (if known): _____
City/County/State/ZIP: _____
Phone or Email (if publicly available): _____

2. LOCATION AND DATE OF ALLEGED MISREPRESENTATION

Where did the alleged misrepresentation occur?

Business Website/Location (if applicable): _____
Advertisement Location/URL (if applicable): _____
Dates of alleged misrepresentation (if known): _____

3. HOW WAS ARCHITECT LICENSURE MISREPRESENTED?

Please describe how the individual or business represented themselves as an architect.

4. DETAILED DESCRIPTION OF COMPLAINT

Please provide a detailed but concise explanation of the alleged misrepresentation in the order in which it occurred. Include names, dates, locations, websites, advertisements, statements, documents, or other facts that may assist the Board in reviewing the complaint. Do not include your own identifying information if you wish to remain anonymous.

5. SUPPORTING DOCUMENTATION

Attach copies of any supporting documentation, such as advertisements, webpages, photographs, correspondence, business cards, or other records that support the allegation. Please review attachments for personal identifying information before submitting them if you wish to remain anonymous.

6. ADDITIONAL INFORMATION

Is there any other information that may assist the Maryland Board of Architects in reviewing this complaint?

ANONYMOUS SUBMISSION

No signature is required. By submitting this form anonymously, you acknowledge that Board staff may be unable

to contact you for clarification or additional information. Please provide as much specific and verifiable information and support documentation as possible.

MARYLAND BOARD OF ARCHITECTS

Maryland Department of Labor | Division of Occupational and Professional Licensing

100 South Charles Street, Tower 1 | Baltimore, Maryland 21201

Maryland Board of Architects: 410-230-6261 | Occupational and Professional Licensing: 410-230-6322

Form Labor/OPL/P #1 (08-26) – Anonymous Version