

**SWORN AFFIDAVIT COMPLAINING OF VIOLATION**  
**OF LAW OR RULES AND REGULATIONS**

**STATE OF LOUISIANA**

**PARISH OF** \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared \_\_\_\_\_

\_\_\_\_\_, a resident of the lawful age of majority of the Parish of

\_\_\_\_\_ State of \_\_\_\_\_ whose mailing address is

\_\_\_\_\_

Phone \_\_\_\_\_ who, after being duly sworn, deposed and says:

This Complaint is made against \_\_\_\_\_, whose address and telephone number

is \_\_\_\_\_.

The Complaint against the aforesaid person/s is (state facts upon which claim is based; attach additional sheet, if necessary):

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

Complainant

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

Return this form to:  
LOUISIANA STATE BOARD OF ARCHITECTURAL EXAMINERS  
9625 Fenway Avenue, Suite B  
Baton Rouge, LA 70809  
Telephone: 225-925-4802  
Email: tducote@lsbae.com  
LSBAE.com