

HOW TO FILE A COMPLAINT INSTRUCTIONS AND INFORMATION

A complaint against a licensee, or an unlicensed person practicing a profession or occupation that requires a license, may be made on the attached complaint form. The complaining party is responsible for ensuring that all the necessary information is included on the form.

In completing the form, you are referred to as the complainant. The individual or business you are filing the complaint against is referred to as the respondent.

Please state all facts briefly and clearly. Also, include names of all witnesses, what information they possess to substantiate the complaint, address and phone numbers. Please include copies of any and all documents, records, statement or contracts that may assist us in the inquiry. Keep original documents for your files since documents will not be returned.

For questions regarding investigative procedures or complaints, contact Sharon Wolfe, Chief Investigator, at (803) 896-4467, or e-mail him at sharon.wolfe@llr.sc.gov

Upon completion, mail the complaint along with any attachments to the following address:

**S.C. Department of Labor, Licensing and Regulation
Office of Investigation and Enforcement
P.O. Box 11329
110 Centerview Drive (29210)
Columbia, SC 29211-1329**

The complaint form may also be sent by fax to: 803-896-4656. Once the complaint is received and jurisdiction is established, a thorough investigation is conducted to determine whether a violation has occurred. If a violation of the practice act is found, the licensee may be offered a consent agreement, or a hearing may be held before the appropriate Board or Commission. Although the action is between the State and the Respondent, the complainant should be prepared to testify, if requested, in a hearing before the Board or Commissions if the matter has not been otherwise resolved. The complaint will be dismissed by the Board or Commission if a violation is not found.

**S.C. Department of Labor, Licensing and Regulation
Office of Investigation and Enforcement
Board of Architectural Examiners
P.O. Box 11329
110 Centerview Drive (29210)
Columbia, SC 29211-1329**

Complaint Form

Please type or print legibly.

Complainant

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Evening Phone: (____) _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail: _____

Respondent

(NAME OF PERSON COMPLAINT IS FILED AGAINST)

Name: _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____

Please list all witnesses, providing names, addresses, and telephone numbers.
