



LOUISIANA STATE UNIFORM CONSTRUCTION CODE COUNCIL

7979 Independence Boulevard, Suite 106

Baton Rouge, Louisiana 70806-6409

Phone (225)922-0817 Fax (225)922-2065

COMPLAINT REPORTING FORM (PLEASE PRINT)

Date: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Last Name First Name MI

Address: \_\_\_\_\_ P.O. Box or Street

City State Zip

Telephone Numbers: \_\_\_\_\_ Home Business or Other

Complaint Against: \_\_\_\_\_ Name of Organization or Individual

Location of Project: \_\_\_\_\_ Address City State Zip

Complaint Description: \_\_\_\_\_

Note: Please provide specific code section violations. All information provided must be complete or complaint may be considered invalid. Attach additional information to the form if more space is needed.

I hereby swear and attest the information contained herein was provided by me and is true and accurate to the best of my knowledge.

Signature of Complainant Date

OFFICE USE ONLY Date Received: Received By: Complaint No: Action Taken: