

LOUISIANA STATE UNIFORM CONSTRUCTION CODE COUNCIL

8181 Independence Boulevard

Baton Rouge, Louisiana 70806 Phone (225)922-0817 Email To LSUCCC: johanna.eddlemon@la.gov

COMPLAINT REPORTING FORM

(PLEASE PRINT)
You can mail or email complaint to the above addresses

Date:					
Complainant's	s Name: _				
		Last Name	Fi	irst Name	MI
Address:					
	P.0	D. Box or Street			
_	City		State		Zip
Telephone Nu	ımbers:				
		Home		Business of	or Other
Complaint Ag	ainst:				
Name of Organization or Individual					
Location of Pr	roject:				
	· -	Address	City		State Zip
Complaint Description:					
		ific code section violations. All informated additional information to the form if more			omplaint may be
I hereby swear and attest the information contained herein was provided by me and is true and accurate					
to the best of	my knowle	edge.			
Signature of Com	nplainant		Date	9	
OFFICE USE Complaint No Action Taken:): _	Date Received:		Received By: _	