

LOUISIANA STATE UNIFORM CONSTRUCTION CODE COUNCIL

600 North St.
Baton Rouge, Louisiana 70802
Phone (225) 765-2301 (Ext. LSUCCC)
Email To Ms. Tarah Revette Assistant Director-LSUCCC tsrevette@lsuccc.la

COMPLAINT REPORTING FORM

(PLEASE PRINT)

You can mail or email complaint to the above addresses

Date:				
Complainant's Name:				
	Last Name	First N	lame	MI
Address:				
	P.O. Box or Street			
	City	State		Zip
Telephone Numbers:				
	Home	Business or Other		
Complaint Against:				
g	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	e information contained herein was provi	ded by me and is true	and accurate	
to the best of my knowledge.	-	,		
Signature of Complainant		Date		
OFFICE USE ONLY	Date Receiv	red: R	eceived By:	
Complaint No:				
Action Taken:				