

**LOUISIANA STATE POLICE
TOWING & RECOVERY UNIT
COMPLAINT FORM**

PLEASE PRINT

DATE OF STATEMENT

VEHICLE YR MAKE MODEL

FULL NAME OF PERSON FILING COMPLAINT

VEHICLE LICENSE NO. STATE

CURRENT PHYSICAL ADDRESS

VEHICLE IDENTIFICATION NUMBER (VIN)

CITY STATE ZIP PARISH

PHONE NUMBER

COMPANY COMPLAINT IS AGAINST

NAME OF COMPANY OWNER OR REPRESENTATIVE

COMPANY ADDRESS

CITY STATE ZIP PARISH

DATE COMPLAINT OCCURRED

ESTIMATED TIME OF COMPLAINT

LOCATION COMPLAINT OCCURRED

WHO REQUESTED THE SERVICE YOU RECEIVED

STATE POLICE ROTATION TOW? YES NO

NAME OF WITNESS THAT CAN ADD A STATEMENT TO YOUR COMPLAINT

PHONE

DO YOU HAVE AN ITEMIZED RECEIPT? YES NO WAS YOUR VEHICLE TOWED? YES NO

STORED? YES NO WHERE? _____

PLEASE GIVE A DETAILED REPORT OF YOUR COMPLAINT ON THE NEXT PAGE AND ATTACH COPIES OF RECEIPTS, ADDITIONAL STATEMENTS, ETC. ONCE COMPLETE, PRINT AND SIGN BEFORE RETURNING USING THE FOLLOWING OPTIONS:

MAIL TO: LSP TOWING & RECOVERY or FAX TO: (225) 922-3120 or EMAIL: LSPTOWING@LA.GOV

