

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

**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**  
**PO BOX 66614 BOX A-26**  
**BATON ROUGE, LA 70896**

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ NAME OF WITNESS THAT CAN ADD A STATEMENT TO YOUR COMPLAINT			_____ PHONE	
DO YOU HAVE AN ITEMIZED RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO    WAS YOUR VEHICLE TOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
STORED? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHERE?    _____				

