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 TYPE						
DATE OF STATEMENT		VEHICLE	EYR /	MAKE	/	MODEL
FULL NAME OF PERSON FILING COMPLAINT		VEHICLE	E LICENSE NO.			STATE
CURRENT PHYSICAL ADDRESS		VEHICLE IDENTIFICATION NUMBER (VIN)				
СІТУ	STATE	ZIP	PARISH			
PHONE NUMBER						
COMPANY COMPLAINT IS AGAINST						
NAME OF COMPANY OWNER OR REPRESENTATIVE						
COMPANY ADDRESS						
СІТҮ	STATE	ZIP	PARIS	Н		
DATE COMPLAINT OCCURRED		ES	STIMATED TIME	OF COMPLAIN	NT	
LOCATION COMPLAINT OCCURRED						
WHO REQUESTED THE SERVICE YOU RECEIVED			STATE POL	ICE ROTATIO	N TOW?	YES NO
NAME OF WITNESS THAT CAN ADD A STATEMENT TO YOUR	R COMPLAINT		PH	ONE		
DO YOU HAVE AN ITEMIZED RECEIPT? YES NO	WAS YOUR VE	EHICLE TOWED	o? YES] NO		
STORED? YES NO WHERE?						

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NATURE OF COMPLAINT:		

SIGNATURE OF COMPLAINANT: