

# Complaint Form

(Please Complete all sections to the best of your ability)

Complainant's Information				
Date Form was Completed:		Name of Person Filing Complaint:		
What is your relationship to this facility?		<input type="checkbox"/> <i>Anonymous*** (check if you wish to be anonymous and skip to Facility Information)</i>		
Complainant's Street Address or P.O BOX:				
CITY:	STATE:	Zip Code:	Cell Phone	Work Phone
Email Address:				
Facility Information				
Name of the facility:				
Street Address of Facility:				
City:		Zip Code:	Contact Number:	
Please write Details of Event:				
Date of event:		Time:	Where?	
Names of staff Members Involved in event (If Known)				



Have you reported this event before?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b><i>If YES, please Provide the following information:</i></b>			
DATE:		Reporting Method:	<input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Email
Name and Title of the person to whom you reported:			
Name of the facility that your reported:			
Please write details of the previous event(s) in the past:			
Have you received any communication from the agency regarding these concerns? If so, the method used to contact you was (please mark all that apply)			
<input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Other:			
<b><i>*****If possible, please attach a copy of any previous complaints*****</i></b>			

**Fax: (225) 925-7244 Or Email: [aimee.hall@la.gov](mailto:aimee.hall@la.gov)**