Department of Public Safety and Corrections
Liquefied Petroleum Gas Commission

JOHN BEL EDWARDS
GOVERNOR

DON P. ROBIN
EXECUTIVE DIRECTOR

COMPLAINT FORM

Complete this form for each complaint filed. Only one complaint per form. This form is to be filed with the Liquefied Petroleum Gas Commission relating to possible violations of the Louisiana Revised Statutes and the Liquefied Petroleum Gas Commission rules and regulations. All complaints that are within the authority granted by this Commission will be investigated. This form will be accepted via mail, facsimile, or other electronic means. All fields with (***) asterisks require an entry. Please type or print legibly.

Complaint Filed Against (name and address)***:
Location/Address of Where Possible Violation Occurred***:
Nature of Possible Violation (please explain as fully as possible)***:
Date of Possible Violation (if known):
How Did You Become Aware of the Possible Violation? On What Date?

Name of Person/Company Making Report**:	
Address***:	
Telephone Number, Include Area Code***:	
SIGNATURE OF PERSON MAKING REPORT***	DATE

FOR OFFICIAL USE ONLY

Date Assigned: _____ **Inspector:** _____

Completion Date: _____ **Outcome:** _____

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