NON-CONSENSUAL TOWING COMPLAINT FORM

Louisiana Public Service Commission Transportation Division PO Box 91154 Baton Rouge, LA 70821 Phone (888) 342-5717 (225) 342-4439



<u>IDENTIFICATION OF COMPLAINANT</u> (Person Filing Complaint)

Complainant's Name:			
Address:			
Phone Number:	Cell Number:	Fax Nun	nber:
Email Address:			
IDENTIFICATION OF	TOWING COMPANY		
Company's Name:			
Address:			
	LPSC Authority Number (l		
*Please attach a copy of a	all invoices, receipts, paperwork etc.	received from the to	ow company to this form
Law Enforcement Ca	owner of vehicle called the tow comalled tow company as a result of ey:	Accident Officer's Name:	
	from Business Apartment Street:	-	
DATE TOWED:	TIME :	AM	_PM
TOWED VEHICLE IN	FORMATION		
Vehicle Make	Model		_ Year
Vin (If Known)			
Name Of Registered Owner	:		
Has the tow company re	leased the vehicle? YES*	Date:	NO
* Name of Person/Compar	y that paid tow invoice:		Phone:

STATEMENT OF COMPLAINT

Please provide a detailed statement of your complaint. Include any details not listed above, including
dates, names and contact telephone numbers of involved persons who may have additional
information, and agencies, which may assist in the investigation of your complaint.

SIGNATURE AND SUBMISSION

Complaint Form Completed by:		
	Printed Name	Phone number
		on
	Signature	Date

For further assistance, please contact the Transportation Division at (888) 342-5717 or (225) 342-4439.

Submit this completed form and any supporting attachments as follows:

By Mail to: Louisiana Public Service Commission - Transportation Division

PO Box 91154

Baton Rouge, LA 70821

By Fax to: Louisiana Public Service Commission - Transportation Division

(225) 342-1402

By Email to: transcomplaint@la.gov By checking this box, I agree to submit this complaint by electronic means.