

**LOUISIANA STATE POLICE
TOWING AND RECOVERY
COMPLAINT FORM**

PLEASE PRINT OR TYPE

(Office Use Only) INVESTIGATING TROOPER / OFFICER

(Office Use Only) STATE NUMBER / TROOP AREA

DATE OF STATEMENT

VEHICLE YR / MAKE / MODEL

FULL NAME OF PERSON FILING COMPLAINT

VEHICLE LICENSE NO. STATE

PRESENT ADDRESS

VEHICLE IDENTIFICATION NUMBER (VIN)

MAILING ADDRESS

PHONE

CITY

STATE

ZIP

PARISH

COMPANY COMPLAINT IS AGAINST

NAME OF OWNER OR REPRESENTATIVE OF COMPANY

COMPANY ADDRESS

PHONE

CITY

STATE

ZIP

PARISH

DATE COMPLAINT OCCURRED

ESTIMATED TIME OF COMPLAINT OCCURRED

LOCATION COMPLAINT OCCURRED

WHO REQUESTED THE SERVICE YOU RECEIVED

STATE POLICE ROTATION TOW? _____ YES _____ NO

NAME OF WITNESSES THAT CAN ADD A STATEMENT TO YOUR COMPLAINT

PHONE

NAME OF WITNESSES THAT CAN ADD A STATEMENT TO YOUR COMPLAINT

PHONE

DO YOU HAVE AN **ITEMIZED** RECEIPT? _____ WAS YOUR VEHICLE TOWED? _____ STORED? _____

WHERE? _____

**PLEASE GIVE A DETAILED REPORT OF YOUR COMPLAINT ON NEXT PAGE
AND ATTACHED COPIES OF RECEIPTS, STATEMENTS, ETC.**

**MAIL TO: LSP TESS-TOWING AND RECOVERY, MAIL SLIP A-26
P.O. BOX 66614, BATON ROUGE, LA 70896**

FOR OFFICE USE ONLY

RECEIVED BY	_____
DISPOSITION	_____
COMPLAINANT CONTACTED	Y _____ N _____

