

JOHN BEL EDWARDS
GOVERNOR



MICHAEL B. McDUFF
EXECUTIVE DIRECTOR

State of Louisiana
STATE LICENSING BOARD FOR CONTRACTORS

JUDY DUPUY
ADMINISTRATOR

CONSUMER COMPLAINT FORM

Date: _____ Total Contract Amount: \$ _____

Name of Person Filing Complaint: _____ Relationship: _____

Homeowner(s): _____

Property Address for Complaint: _____

City: _____ Parish: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email _____

CONTRACTOR INFORMATION FOR COMPLAINT

Contractor(s) Name: _____

Company Name of Contractor: _____

Contractor(s) Address: _____

City: _____ Parish/County: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Home Phone: _____

Name of Salesperson(s): _____

NATURE OF COMPLAINT

Detailed Explanation of Complaint (Attach additional pages if necessary):

Enclose the Following: Copy of Contract(s)/Proposal(s), Cancelled Checks/Receipts, Invoices, Advertising

Mail to: Louisiana State Licensing Board for Contractors, Attention: Residential Compliance
2525 Quail Drive, Baton Rouge, Louisiana 70808-9042
Fax: (888) 510-0129
Email: complaints@lslbc.louisiana.gov