



# CITY OF LOUISIANA

## COMPLAINT FORM

In order to provide an opportunity for the expression of legitimate concerns of the citizens of Louisiana with respect to any improprieties on the part City of Louisiana. If the complaint is valid, the appropriate action will be taken:

Address: \_\_\_\_\_

Individual(s) Against Whom the Complaint is made: \_\_\_\_\_

Nature of Complaint

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Time and Date infraction occurred: \_\_\_\_\_

List any witnesses present: \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Is this the first time you have raised a concern about this person? Yes  No

*A Copy of the complaint will be given to the complainant.*

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