

CONSUMER COMPLAINT FORM

LOUISIANA CEMETERY BOARD
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002
Telephone (504) 838-5267 -- Toll Free (866) 488-5267

PLEASE TYPE OR PRINT

1. Your name: _____
Address: _____
City, State, Zip Code: _____
Home telephone number: _____
Office and/or daytime telephone number: _____
E-mail address: _____
2. Business/Cemetery complained against: _____
Address: _____
City, State, Zip Code: _____
3. Have you contacted the business to try to resolve this matter yourself? _____
If Yes, when? _____
Whom did you speak with? _____
4. Have you reported the problem to any other agency or organization? _____
If yes, which one and when? _____

5. Is there court action pending? _____

6. A COPY OF THIS COMPLAINT MAY BE SENT TO THE BUSINESS. Describe your complaint in detail including your exact problem at present. List the events in the order they occurred. Include dates if possible. (ATTACH EXTRA SHEETS IF NECESSARY.) Please enclose all contracts, deeds, letters, etc., that relate to this complaint.

7. Action desired: _____

The above information is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

THIS CONSUMER COMPLAINT FORM AND ATTACHEMENTS ARE PUBLIC RECORD EXCEPT TO THE EXTENT THEY ARE EXCEPTED, EXEMPTED, OR LIMITED BY LAW; AND THEY WILL BE FURNISHED TO PERSONS, FIRMS, ASSOCIATIONS, CORPORATIONS, ETC., MAKING A WRITTEN PUBLIC RECORDS REQUEST PURSUANT TO TITLE 44. IF COMPLAINANT CONSIDERS ANY SUBMISSIONS OF INFORMATION CONFIDENTIAL AND EXCEPTED, EXEMPTED OR LIMITED BY LAW, PLEASE MARK SAME ACCORDINGLY.