

CONSUMER COMPLAINT FORM

LOUISIANA CEMETERY BOARD  
3445 N. Causeway Blvd., Suite 700  
Metairie, LA 70002  
Telephone (504) 838-5267 -- Toll Free (866) 488-5267

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PLEASE TYPE OR PRINT

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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.