



LIHEAP SERVICE COMPLAINT FORM

Instructions: Complete this form by providing the indicated information. This form may be mailed or faxed to LACAP, at 11637 Industrialplex Blvd. Baton Rouge, LA 70809. You may expect a response to your concerns within 10 business days from the date the complaint is received by LACAP. If you need assistance filling out this form you may call our toll-free number at **877-522-2728**.

CONTACT INFORMATION

Please print your name: _____

Address: _____

City: _____ zip: _____

Home phone: (____) - _____ - _____

Other phone/Cell: (____) - _____ - _____

TODAY'S DATE: _____

DATE INCIDENT OCCURRED (IF DIFFERENT FROM THE ABOVE DATE): _____

Name of Agency: _____

Location where incident happened: _____

Please describe what happened. If more space is required use the back of this form:

Please list the names and contact information of anyone that witnessed the incident:

Name: _____ Phone number if known: _____

Relationship: _____ Family Member _____ Friend _____ Other employee at the Agency _____ None _____

Signature of Applicant: _____