

## UNDERGROUND PIPELINE UTILITIES COMPLAINT FORM

This completed complaint form will facilitate the Office of Pipeline Safety review for possible violations to the "Louisiana Underground Utilities and Facilities Damage Prevention Law." This form should be completed to the extent possible and emailed to [PipelineInspectors@la.gov](mailto:PipelineInspectors@la.gov). Photographs may also be attached. The toll free number for complaints is 1-833-726-0410.

### CONTACT INFORMATION

Name of Complainant:	Email address:
Daytime Phone Number:	Cell Phone Number:
<input type="checkbox"/> Facility Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Excavator <input type="checkbox"/> Locator <input type="checkbox"/> Other:	

### EVENT INFORMATION

Date the incident occurred:	
Address of the incident:	
City:	Parish:

### AFFECTED UTILITY/FACILITY INFORMATION

Type of Utility/Facility affected:	<input type="checkbox"/> Gas	<input type="checkbox"/> Hazardous Liquid	<input type="checkbox"/> Unknown
Name of Utility/Facility Owner:			

### VIOLATOR'S INFORMATION

Type:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Municipality	<input type="checkbox"/> Excavator	<input type="checkbox"/> Developer	<input type="checkbox"/> Parish	<input type="checkbox"/> Occupant	<input type="checkbox"/> Farmer
	<input type="checkbox"/> Utility	<input type="checkbox"/> State	<input type="checkbox"/> Other/Unknown: _____				

Name of Contact Person:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	

### NATURE OF THE COMPLAINT

<b>(This information is meant to be a guide and does not cover every possible violation of law.)</b>		
<input type="checkbox"/> Facility was not located or marked	<input type="checkbox"/> Facility was mismarked	
<input type="checkbox"/> Digging beyond expiration date	<input type="checkbox"/> Digging outside of the physical area of the requested locate	
<input type="checkbox"/> Digging prior to the mark by time	<input type="checkbox"/> Not reporting damage of the underground utilities/facilities	
<input type="checkbox"/> No notification made to the One-Call Center	<input type="checkbox"/> Other:	
<input type="checkbox"/> Damage to a utility/facility	If damage was sustained, please answer the following:	
No. of customers affected:	No. of people injured:	No. of fatalities:

### NOTIFICATION

Was the One -Call Center properly notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the One-Call notification ticket number:		

### SUMMARY

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