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.

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| --- | --- | --- | --- | --- | --- |
| COMPLAINANT INFORMATION | | | | | |
| Name: Click here to enter text. | | | | | |
| Daytime Phone Number: Click here to enter text. | | | Cell Phone Number: Click here to enter text. | | |
| Facility Owner  Property Owner  Excavator  Locator  Other: Click here to enter text. | | | | | |
| EVENT INFORMATION | | | | | |
| Date the damage or downtime occurred: Click here to enter a date. | | | | | |
| Address of Excavation and/or damage: Click here to enter text. | | | | | |
| City: Click here to enter text. | | | Parish: Click here to enter text. | | |
| AFFECTED UTILITY/FACILITY INFORMATION | | | | | |
| Type of Utility/Facility affected:  Gas  Liquid  Unknown | | | | | |
| EXCAVATOR INFORMATION | | | | | |
| Type of Excavator:  Contractor  Municipality  Railroad  Developer  Parish  Occupant  Farmer  Utility  State Other/Unknown: Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name of Excavator performing work: Click here to enter text. | | | | | |
| Address: Click here to enter text. | | | | | |
| City: Click here to enter text. | State: Click here to enter text. | | | ZIP Code: Click here to enter text. | |
| Phone: Click here to enter text. | Email: Click here to enter text. | | | | |
| NOTIFICATION | | | | | |
| Did the excavator notify the One -Call Center?  Yes  No | | | | | |
| If yes, provide the One-Call notification ticket number: Click here to enter text. | | | | | |
| LOCATING AND MARKING | | | | | |
| Were utility/facility marks visible in the area of excavation?  Yes  No | | | | | |
| Were utility/facilities marked correctly?  Yes  No | | | | | |
| DESCRIPTION OF DAMAGE | | | | | |
| Was there damage to a utility/facility?  Yes  No | | | | | |
| If yes, provide the duration of the outage: Click here to enter text. | | | | | |
| Number of customers affected: Click here to enter text. | | Number of people injured: Click here to enter text. | | | Number of fatalities: Click here to enter text. |
| DESCRIPTION OF THE ROOT CAUSE | | | | | |
| What was the root cause of the damage, downtime, or near-miss? **This information is meant to be a guide and does not cover every possible violation of law.** | | | | | |
| Facility was not located or marked | | | Facility was mismarked | | |
| Digging beyond expiration date | | | Digging outside of the physical area of the requested locate | | |
| Digging prior to the mark by time | | | Not reporting damage of the underground utilities/facilities | | |
| No notification made to the One-Call Center | | | Other: Click here to enter text. | | |
| COMMENTS | | | | | |
| Click here to enter text. | | | | | |