

John Bel Edwards  
GOVERNOR



Dr. Courtney N. Phillips  
SECRETARY

**State of Louisiana**  
**Louisiana Department of Health**  
**Office of Public Health**

Engineering Services-Operator Certification Program

**Complaint Pertaining to Certified Operator**

Anyone may bring a complaint against a certified operator for malfeasance and actions, which demonstrate inadequate performance, judgment, or direction affecting the safety, sanitary quality or quantity of water or sewage treated or delivered. This complaint should be addressed to the Committee of Certification. This form should be filled out and mailed to the following address.

Louisiana Department of Health  
Office of Public Health – Operator Certification Program  
P.O. Box 4489  
Baton Rouge, LA 70821-4489

This form is voluntary and may be used as guidance in making your complaint.

Name of Operator In Question: \_\_\_\_\_ Op. ID #: \_\_\_\_\_

**Describe the justification for the complaint in detail with factual accusations, and with substantiation of details including the following as applicable. A written statement may be attached or used instead of this form.**

- A statement of facts upon which the complaint is based.
- A proposed solution to the problem.

Submit your request to the Committee of Certification through the Administrator of the Operator Certification Section to the above address.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Complainant

\_\_\_\_\_  
Phone No.

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City State Parish Zip Code

Bienville Building • P.O. Box 4489 Bin #10 Box #6 • Baton Rouge, LA 70821-4489  
Phone #: 225/342-7508 • Fax #: 225/342-7494

[www.ldh.la.gov](http://www.ldh.la.gov)

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