COMPLAINT FORM
REGARDING LSBME PROCESSES OR PROCEDURES

If you have a complaint about the Board’s processes or procedures, please complete the form below and submit it to:
LSBME-Executive Director at 630 Camp Street, New Orleans, LA 70130; or, email it to: lsbme@lsbme.la.gov.

Complainant Information:
Name: ________________________________
Address: ______________________________________
City: __________________ State: ______ Zip: ______
Day phone #: ______ Evening Phone #: ______ Email: __________________

Complaint Information:
Please provide a clear and concise description of the nature of your complaint, including any dates of interaction.
If your complaint is against an employee, include the name of the employee.

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Complainant’s Signature: ____________________________ Date: __________________
