

STORMWATER COMPLAINT FORM

1. Date/Time: _____

2. Address of complaint:

If address is unknown, please provide a street name and/or a brief description of the area that the illicit discharge was sited.

3. Stormwater complaint Type:

- Construction
- Post-Construction
- Illicit Discharge
- Drainage

4. Characteristics of the illicit discharge- color, odor, etc. (Never get too close in case it is toxic.):

5. Give a brief description of the complaint.

6. Name of contractor or landowner, if known: _____

7. Contractor or landowner's phone number, if known: _____

Please provide the following information if you would like to receive a follow-up.

Complainant's Information

Name: _____

Phone: _____

E-mail Address: _____

(Please submit forms to stwrcomplaints@calcasieu.gov.)