Community Complaint Form Sontario Clean Water Agency Agence Ontarienne Des Eaux



Plant:		Org#:	
Date:			AM/PM
Operator Respond	ing to Complaint:		
Name of Person wi			
Address:			
Phone:			
Nature of Complain	nt:		
□ Noise		□ Service Problems	□ Sludge Related
□ Visual	□ Taste/Colour	□ Other	
Description:			
Actions Takon in B	loenoneo:		
Actions Taken in N	response.		
Was the source of	the problem identifie	ed? 🗆 No 🗆 Yes (Plea	ase describe below)
			_

Fax to PCTs at 705 567 7974

|--|