

# Community Complaint Form



Plant: \_\_\_\_\_ Org#: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Operator Responding to Complaint: \_\_\_\_\_

Name of Person with Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Nature of Complaint:**

- Noise
- Odour
- Service Problems
- Sludge Related
- Visual
- Taste/Colour
- Other \_\_\_\_\_

Description: \_\_\_\_\_

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Actions Taken in Response: \_\_\_\_\_

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Was the source of the problem identified?  No  Yes (Please describe below)

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**Fax to PCTs at 705 567 7974**

PCTs	Entered in OPEX	By:
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