

COMPLAINTS PROFORMA

| | | | |
|--|--|----------------------------------|------------------|
| REPORT FORM FOR COMPLAINTS | | SHEET ____ OF ____ | |
| | | UNIT REFERENCE _____ | |
| RECIPIENT | | | |
| NAME: | | LOCATION: | TEL.: |
| COMPLAINANT | | | |
| NAME: | | TEL.: | FAX: |
| ADDRESS: | | | |
| COMPLAINT | | | |
| TYPE: Water Quality/Other | | | |
| DATE: | | TIME: | Location: |
| DESCRIPTION: | | | |
| COPY FAX TO: | | ORIGINAL TO: | |
| DATE: | | DATE: | |
| REVIEW RESULTS | | | |
| SIGNED: | | DATE: | |
| RECOMMENDATIONS | | | |
| SIGNED: | | DATE: | |
| ATTACHMENTS | | | |
| COPY TO: | | DATE/TIME: | |
| CED: | | DATE: | TIME: |
| INDEPENDENT ENVIRONMENTAL CHECKER | | DATE: | TIME.: |