

## COMMUNITY COMPLAINT FORM

Facility: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_  
Cell \_\_\_\_\_

Nature of Complaint:

Odour \_\_\_ Taste \_\_\_ Colour \_\_\_ Service Problem \_\_\_

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint Received by: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the complaint addressed by operational staff: Yes \_\_\_\_\_ No \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

Operator Signature: \_\_\_\_\_