



Township of Wellington North

P.O. Box 125 - 7490 Sideroad 7W - Kenilworth, ON - N0G 2E0

F12-02

DRINKING WATER SYSTEM COMPLAINT FORM

Town: _____

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: _____