

# Barwick Community Complaints Form

REFERENCE: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

## Nature of Complaint / Description

- Noise: \_\_\_\_\_
- Service Problem: \_\_\_\_\_
- Visual: \_\_\_\_\_
- Sludge Related: \_\_\_\_\_
- Odor: \_\_\_\_\_
- Other: \_\_\_\_\_
- Taste/Colour: \_\_\_\_\_

## Action Taken in Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the source of the problem identified? : \_\_\_\_\_

Was the source a Township facility/activity? \_\_\_\_\_ , If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_