

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: _____
