

WATER QUALITY COMPLAINT FORM

Upon signing this form I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential, however information we receive is considered public information which is subject to disclosure according to NYS Law.

Today's Date: _____ Property Location of Complaint: _____

Complainant's Name: _____

Address: _____

Phone #s: _____ Email: _____

Specific Details of Complaint:

Date(s) _____ Time(s) _____

Location _____

Water Quality Complaint, in detail please _____

Supporting evidence: photos written statements of neighbors other

Any additional useful information _____

What action do you consider is required by the Water Department? _____

In what manner do you wish to be notified of the results of this investigation? in person phone email other

I certify that the information provided on this form is true, and that I may be called to testify about these facts and agree to do so.

Signature

FOR OFFICE USE ONLY			
Date/Time Rec'd: _____ @ _____ am/pm by: _____	how: <input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> other		
Follow-up Form forwarded to: who _____ when _____	how: <input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> other		
Follow-up Action taken: who _____ when _____	how: <input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> other		
Corrective Action taken: _____			
Date/Time Repair: _____			
Response to complainant: by: _____ when _____	how: <input type="checkbox"/> in person <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> other		