COMPLAINTS PROFORMA

REPORT FORM FOR COMPLAINTS `	SHEET ____ OF ____ UNIT REFERENCE _____

RECIPIENT

NAME: LOCATION: TEL.:

COMPLAINANT

NAME: TEL.: FAX:

ADDRESS:

COMPLAINT

TYPE: Water Quality/Other

DATE: TIME: Location:

DESCRIPTION:

COPY FAX TO: DATE:	ORIGINAL TO: DATE:

REVIEW RESULTS

SIGNED: DATE:

RECOMMENDATIONS

SIGNED: DATE:

ATTACHMENTS

COPY TO: DATE/TIME:

CED: DATE: TIME:

INDEPENDENT ENVIRONMENTAL CHECKER DATE: TIME.: