

	Northeastern Region Community Complaint Form	Form ID Issued: Rev.:#:	NEO-CC 2024-May-14 1
Reviewed by: SPC Manager		Approved by: Regional Hub Manager	

GENERAL INFORMATION

Facility Name:		Facility ORG #:
Date:	Time:	WO#:
Name of Resident:		Phone #:
Address of Resident:		

NATURE OF CALL

SERVICE	QUALITY	ENVIRONMENTAL	OTHER
<input type="checkbox"/> WATER ON <input type="checkbox"/> WATER OFF <input type="checkbox"/> SEWER PLUGGED <input type="checkbox"/> FROZEN WATER	<input type="checkbox"/> TASTE <input type="checkbox"/> ODOUR <input type="checkbox"/> COLOUR	<input type="checkbox"/> AIR <input type="checkbox"/> NOISE <input type="checkbox"/> ODOUR <i>WIND DIRECTION:</i>	<input type="checkbox"/> DIRECTED CALL TO OWNER <input type="checkbox"/> DISCONNECT AS REQUESTED BY OWNER <input type="checkbox"/> WATER TAKING/PTTW COMPLAINT <input type="checkbox"/> _____

DESCRIPTION

ACTIONS TAKEN/FOLLOW-UP DISCUSSIONS

WAS THE SOURCE OF THE PROBLEM IDENTIFIED? ☐ YES ☐ NO

Operator Name: _____ Operator Signature: _____

Note: Email a copy of the completed form to your PCT