



Ontario Clean Water Agency

Northeastern Region Community Complaint Form

Form ID NEO-CC
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Rev.#: 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"/> TASTE	<input type="checkbox"/> AIR	<input type="checkbox"/> DIRECTED CALL TO OWNER
<input type="checkbox"/> WATER OFF	<input type="checkbox"/> ODOUR	<input type="checkbox"/> NOISE	<input type="checkbox"/> DISCONNECT AS REQUESTED BY OWNER
<input type="checkbox"/> SEWER PLUGGED	<input type="checkbox"/> COLOUR	<input type="checkbox"/> ODOUR	<input type="checkbox"/> WATER TAKING/PTTW COMPLAINT
<input type="checkbox"/> FROZEN WATER		<i>WIND DIRECTION:</i>	<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