

SOLID AND HAZARDOUS WASTE PROGRAM COMPLAINT RECORD

COMPLAINT NO.: _____

RECEIVED BY: _____ DATE: _____

ASSIGNED TO: _____ DATE ASSIGNED: _____

WATER DIVISION

- Drink Water
- Water Pollution
- Community Wastewater
- Individual Wasterwater
- Water Resources

AIR & LAND DIVISION

- Air
- Solid Waste
- Hazardous Waste
- Pesticides

- Monitoring Division
- Other

COMPLAINANT:

NAME: _____ Wants to remain confidential: Yes No

ADDRESS: _____

PHONE NO.: _____

COMPLAINT:

ALLEGED VIOLATION:

LOCATION OF ALLEGED VIOLATION: (Village, street, lot number, house number, etc.)

ALLEGED VIOLATOR:

NAME: _____

ADDRESS: _____

PHONE NO.: _____

INVESTIGATION: (date, time, persons contacted, phone no., lot no., violations, violator information, evidence collected)

INSPECTOR'S SIGNATURE: _____ DATE: _____

NOTE: See reverse page for additional information.

