

System Complaint

Date: _____	Time: _____
Complainant: _____	
Address: _____	

Telephone #: (H) _____	(W) _____
Nature of Complaint:	

Complaint Taken By: _____	

Investigation:

Investigated by: _____
Action Taken: Chlorine Residual _____ Bacti Taken: Y N N/A Results: P N

Complainant contacted with findings and resolution: Date _____
Contacted by: _____
_____ Phone _____ In Person _____ Letter

Comments:

Distribution: Original to File
Copy to Manager
Copy to Complainant (with copy of any sample results)