

Community Complaint Form

Revised 2009-July



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Plant: _____ Org#: _____

Date: _____ Time: _____ AM/PM

Operator Responding to Complaint: _____

Name of Person with Complaint: _____

Address: _____

Phone: _____

Nature of Complaint:

- Noise Odour Service Problems Sludge Related
 Visual Taste/Colour Other _____

Description: _____

Actions Taken in Response: _____

Was the source of the problem identified? No Yes (Please describe below)

Was the source and OCWA facility/activity? No Yes (Please describe below)

Fax to PCTs at 705 567 7974

PCTs	Entered in OPEX	By:
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