

Customer Complaint Statement

DATE: _____
COMPLAINANT NAME: _____
PROPERTY OWNERS NAME : _____
LOCATION/ADDRESS _____
VILLAGE _____
TELEPHONE NUMBER _____
CONTACT HOURS _____

DATE PROBLEM FIRST WAS NOTICED OR OCCURRED: _____

DETAILED DESCRIPTION OF PROBLEM:

ON SITE INVESTIGATION ASSIGNED TO: _____
DATE TO BE DONE _____

FACTUAL ASSESSMENT:

ASSESSOR: _____

ACTION TO BE TAKEN:

APPROVED BY: _____
DATE: _____